Reproductive Migrations

Surrogacy workers and stratified reproduction in St Petersburg

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Abstract

Surrogacy is an arrangement whereby a woman conceives in order to give birth to child or children for another individual or couple to raise. This thesis explores how commercial gestational surrogacy is culturally framed and socially organised in Russia and investigates the roles of the key actors. In particular it explores the experiences of surrogacy workers, including those who migrate or commute long distances within and to Russia for surrogacy work and the significance of their origin, citizenship, ethnicity and religion in shaping their experience. Ethnographic fieldwork was carried out in St Petersburg between August 2014 and May 2015 and involved semi-structured interviews, (participant) observations, informal conversations and ethnographic fieldnotes with 33 surrogacy workers, 7 client parents, 15 agency staff and 11 medical staff in medical and surrogacy agency facilities. Data were analysed using inductive ethnographic principles. A reflexive account, which includes a consideration of the utility of making one's own emotional responses a research tool, is also included. Drawing on and expanding on Colen's (1995) conceptual framework of stratified reproduction and Crenshaw's (1989) analytical framework of intersectionality, this research shows that surrogacy in Russia is culturally framed and therefore socially organised as an economic exchange, which gives rise to and reinforces different forms of intersecting reproductive stratifications. These stratifications include biological, social, geographic, geo-political and ethnic dimensions. Of particular novelty is the extension of Colen's framework to address geographic and geo-political stratifications. This was based on the finding that some women (temporarily) migrate or commute (over long distances) to work as gestational carriers. The thesis also demonstrates how an economic framing of surrogacy induced surrogacy workers to understand surrogacy gestation as work, which influenced their relationships with client parents. Given the rapid global increase in the use of surrogacy and its increasingly internationalised nature, this research into the social organisation of commercial gestational surrogacy in Russia is timely and has implications for users, medical practitioners and regulators, as well as researchers concerned with (cross-border) surrogacy and reproductive justice.

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Glossary

Amniocentesis

Amniocentesis is a medical procedure for prenatal diagnosis of chromosomal abnormalities and fetal infections, for which a small amount of amniotic fluid, containing fetal tissues and fetal DNA, is sampled from the amniotic sac surrounding a developing fetus. Complications of amniocentesis include preterm labor and delivery, and postural deformities.

ART (Assisted reproductive technologies)

Assisted reproductive technologies are medical technologies to achieve pregnancy.

CIS (Commonwealth of Independent States)

The CIS formed during the dissolution of the Soviet Union and is a loose confederation of nine member states (Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan and Uzbekistan) and two associate members (Turkmenistan and Ukraine).

Client parents

Client parents, also referred to as intending parents, in this dissertation are the individuals who seek to become or have become parents via surrogacy.

Duma

The State Duma is the lower house of the Federal Assembly of Russia.

Embryo transfer

An embryo transfer is the procedure, whereby embryos are created through IVF and transferred into a woman's womb using a catheter, which is passed into the vagina. In a fresh embryo transfer cycle, this is done between days 3-5 of the embryo development. Remaining embryos are 'frozen' for later use and thawed for a 'frozen cycle.' More common than embryo transfers are blastocyst transfers. The difference is the time. With blastocyst transfer, embryos are cultured in the laboratory incubator up to six days until they reach the blastocyst stage before they are transferred to the surrogacy worker's uterus. In everyday talk, medics and other actors in surrogacy arrangements do not differentiate between embryo transfer and blastocyst transfer, therefore I use the general term 'embryo transfer' in this thesis.

Gametes

Gametes are reproductive cells. Female gametes are called eggs, and male gametes are called sperm.

Geographic and geo-political stratification

Expanding Colen's (1995) analytical framework of stratified reproduction, which describes the power relations that empower some people to reproduce, while they disempower others, geographic and geo-political stratifications in surrogacy arrangements occur first when the bodies of some surrogacy workers are more desired and valued for their reproductive capacity than others, and second, when surrogacy workers face different conditions during the arrangements, depending on the geographic location of their residence (either before or during their surrogacy pregnancy) and their citizenship.

IVF

In vitro fertilisation (IVF) is the procedure whereby eggs are removed from woman's ovary and fertilised with sperm in a laboratory for an **embryo transfer**.

hCG (human chorionic gonadotropin)

HCG is a hormone produced by the placenta after the embryo implanted. The presence of hCG is detected in pregnancy tests.

Surrogacy

Surrogacy is the arrangement whereby a woman becomes pregnant for the purpose of gestating and giving birth to a child for others to raise. In genetic surrogacy, the 'surrogate mother' is inseminated with the sperm of the intending father or donor sperm. She provides her own oocyte. In gestational surrogacy, the child is conceived via an embryo transfer and the 'surrogate mother' shares no genetic link.

Surrogacy agency

Surrogacy agencies are private commercial enterprises (Ltd. in the UK context, OOO., *obshestvo s organitchennoy otvetstvennocy'yu,* in Russia) that practice the selection of women suitable to become surrogacy workers, match them with client parents and mediate the arrangement from conception until birth and the finalisation of legal documents to establish the client parents' legal parenthood over their surrogacy-born child/ren.

Surrogacy workers

In this dissertation, the term 'surrogacy workers' is used to refer to the women who carry a gestational surrogacy arrangement for financial compensation. Alternative terms are 'surrogates*',* 'surrogate mother' and 'gestational carrier.'

1 Introduction

Surrogacy is an arrangement whereby a woman conceives in order to give birth to a child or children which another individual or couple will raise. In what is called 'traditional' or 'genetic' surrogacy, the 'surrogate mother' provides her own egg(s) and is (artificially) inseminated to conceive. With the invention of IVF in 1978, which allowed conception to take place outside the body for the first time, 'gestational surrogacy' was made possible. In gestational surrogacy the surrogate mother no longer provides her own egg but gets pregnant via an embryo/embryos which are created from the 'intending mother's' eggs or donor eggs and her partner's sperm or donor sperm. The first gestational surrogacy birth occurred in the USA in 1985 (Jacobson 2016:21).

Commercial forms of surrogacy arrangements originate from the USA (Spar 2006:75). With the rise of opportunities emanating from the biomedical innovation of *in vitro fertilisation, "*brokers and fertility clinics (…) [searched and found] different and sharply differentiated sources of supply: women willing to sell eggs, without pregnancy, and women willing to carry and give birth to a genetically unrelated child" (Spar 2006:79). Soon, entrepreneurs in other parts of the world took up this model of matching women interested in providing their reproductive labour of conception and gestation to client parents. After the turn of the millennium, India, Thailand and Mexico, to name but a few, had become known destination countries for client parents from the 'Global North' in search of surrogacy arrangements at significantly lower prices than in the United States. Surrogacy has become a thriving global multi-million dollar business (Pena-Guzman and Crozier 2016).

Russia is part of this multi-million dollar business. The first commercial surrogacy arrangement in Russia took place in St Petersburg in 1995. Since then, surrogacy arrangements have become an established infertility treatment for the financially-affluent, and at first, were predominantly sought after by Russian citizens or expatriates. More recently, however, and in light of the clampdown on surrogacy in

India, Thailand and Mexico (Parry 2015; Schurr 2016; Whittaker 2016b), Russian private fertility clinics and surrogacy agencies began expanding their advertising and tailored their offers to meet the needs of an international clientele. Yet despite Russia's growing role in the global markets in surrogacy, empirical research remains scarce. In this pioneering feminist ethnographic research into surrogacy in St Petersburg, Russia, I investigate how surrogacy is socially organised, explore the experiences of women who work as gestational carriers, and enquire into the social, biological, geographic, geo-political and ethnic dimensions of reproductive stratification that they experience and reproduce.

In this introductory chapter, I briefly outline the different forms of surrogacy and my choice of nomenclature. Next, I demonstrate why it is important and topical to research the practice of surrogacy in Russia and present the aims and objectives of my research. Then I present my overall conceptual framework of intersecting reproductive stratifications, and finally, end this chapter with an overview of the structure of my thesis.

1.1 Forms of surrogacy and notes on nomenclature

Surrogacy is an arrangement whereby a woman becomes pregnant, gestates and gives birth to a child for others to raise. In cases of heterosexual individuals or couples, surrogacy is usually sought because of female biological infertility.[1] Single and gay men are increasingly also choosing surrogacy because they want to father and raise genetically related children, or because local laws mean they are not allowed to adopt. As noted earlier, two types of surrogacy exist. In genetic surrogacy (also referred to as 'traditional' surrogacy'), the 'surrogate mother' provides her own egg, whereas in gestational surrogacy, the egg is provided by the 'intending mother' or a donor. Furthermore, there are two contractual arrangements possible for surrogacy. In 'altruistic' surrogacy arrangements, the intending parents compensate their surrogacy worker only for medical costs and expenses immediately related to the surrogacy

[1] In rare cases, client mothers have opted for surrogacy for 'social' reasons, such as not wanting to compromise their career.

arrangement (as in countries, for example, such as the UK), whereas in commercial arrangements, the client parents and the surrogacy worker agree on a financial reward, which is paid after the child's delivery. Commercial surrogacy is the model used in Russia as well as in places such as the United States and Ghana (Gerrits 2016; Jacobson 2016).

In this thesis, I focus on commercial gestational surrogacy. For this reason, I use the term 'surrogacy workers' for the women who carry a surrogacy pregnancy and 'client parents' for the individuals who contract surrogacy workers' service (see chapter 5 for the argument for my choice). However, as the Russian-speaking surrogacy workers in my sample referred to themselves as '*surmama'* (a neologism from *surrogatnaya mat'/mama*) and client parents used the term 'biomama' and 'biopapa'[2] (shortened from *biologitcheskaya mama* and *biologitcheskiy papa*), I also use these respective terms in direct quotations. Finally, in the following outline of my conceptual framework and the literature chapter, where I am directly drawing on the work of others, I use the terms 'surrogate mother', 'surrogate', 'gestational carrier' and 'intending'/ 'intended'/ 'commissioning'/ 'client parents', as these are the terms used in the relevant academic literature.

1.2 Why the practise of surrogacy in Russia is of interest for research

1.2.1 Controversies around surrogacy and shifts in research foci

Ever since the establishment of commercial (genetic) surrogacy as a business model in the US in the late 1970s (Ragone 1994; Spar 2006), public and academic responses to surrogate motherhood have revealed the controversial character of surrogacy. The language of early critics and opponents of surrogacy, who have referred to surrogate mothers as "reproductive [machines]" (Oliver 1989) and "reproductive prostitutes" (Dworkin 1978 in Corea 1986; Katz Rothman 1988), has hardly changed since, as titles like "All surrogacy is exploitation" (Ekman 2016), "The Baby Business" (Spar 2006),

[2] My research participants used the term 'bio parents' for client parents regardless of whether the client parents provided their gametes and were in the literal sense the biological parents or whether they used donor gametes. In the latter case, the term 'bio parents' was also claimed to deflect attention from the fact of partial genetic relatedness or genetic unrelatedness to the child.

"Babies for sale?" (Davies 2017) and references to women as "baby factories" (Ekman 2016) and "breeders" (Breeders: A subclass of women? 2014) reveal. The use of such language in media portrayals and scholarly discourse illustrates anxiety around surrogacy (Rudrappa and Collins 2015:938).

Surrogacy is described as the example par excellence of commodification. Anderson (1990:92) for instance argues that commercialised surrogacy reduces children "from subjects of love" and women "from subjects of respect and consideration" to "objects of use" (van Niekerk and van Zyl 1995). Liberal feminists and supporters of surrogacy counter that it is a woman's right to use her body as she chooses and a violation of her rights to prevent her from doing so (Andrews 1988; McLachlan and Swales 2000; Purdy 1992). Berkhout (2008:98) further argues that commercial surrogacy contracts acknowledge and value the labour of gestation, thus making it "a source of economic power and social status" that marks surrogate mothers "as economic agents; the payment by another party for labor verifies their status." Yet, Franklin and McNeil (1988:553) question these politics and rhetoric of choice, as the underlying assumption of women's equality and equal access to power and resources are in fact not given. Concerned about the wider implications of surrogacy for women, Weiss (1992:16) argues that surrogacy "encourages the point of view that women's primary function is as child-bearers, which reduces women to being 'gestational vessels' with little worth outside reproduction." Berkhout (2008:101) adds to this line of argument that the prioritizing of heterosexuality and the client parents' genetic bond to the surrogacy child reinforces the notion of a nuclear family being the appropriate form of a family.

However, despite these concerns, research that explored what women who engage in this form of reproductive labour make of it and how they negotiate and experience their roles was, and remains, limited. The earliest empirical research that addressed surrogate mothers' experiences emerged in the USA and UK in social psychology and social science, and predominantly focused on surrogate mothers' motivation and their responses to relinquishing the child (Baslington 2002; Einwohner 1989; Franks 1981; Kanefield 1999; Kleinpeter and Hohman 2000; Braverman and Corson 1992; Parker 1984). The anthropologist Elly Teman (2008) suggests that much of the hitherto

psycho-social research on surrogacy demonstrates a bias. She argues that it presupposed that the women who became surrogate mothers possessed a psychologically aberrant personality or had deviant motives (Teman 2008:1106), and that the studies were designed to prove deviance – but failed to do so.

Soon after surrogacy was established as a commercial market in the United States (Spar 2006), and was permitted on an altruistic basis in Canada and the UK, other countries - above all India, Nepal, Mexico and Thailand (Pande 2014; Rudrappa 2015; Schurr 2016; Whittaker 2016a) - began implementing surrogacy arrangements. More permissive legislations and lower prices were enticing and led to a rapid increase in transnational surrogacy arrangements. An increasing public acceptance of surrogacy arrangements for gay couples also contributed to this increase (Berkowitz 2007, 2013; Carone et al. 2017; Riggs and Due 2014).

The rise of transnational surrogacy arrangements initiated a new interest in empirical research. The focus of inquiry shifted towards the exploitative and stratified nature of surrogacy, the meaning and role of race, ethnicity and religion, the quest for parenthood of lgbtq+ individuals, and the transnational flows of and for surrogacy arrangements (Deomampo 2013, 2016; Pande 2014a; Saravanan 2013; Schurr 2016; Smietana 2017a). However, empirical research focused primarily on India, which became the world's second largest surrogacy-service provider (Twine 2015:54), and sporadically on other countries in South (East) Asia (Subedi 2015; Whittaker 2016a) and Mexico, which temporarily became the surrogacy hub for gay individuals (Schurr 2016). While it is understandable that these epicentres attracted empirical researchers who followed the main flows of (transnational) surrogacy, the growing market in surrogacy in Russia has increasingly attracted a large transnational clientele, yet unfortunately remains disregarded as a research site by empirical researchers. It could convincingly be suggested that the recent developments in the global markets in surrogacy indicate that Russia may soon play an even more important role in global surrogacy and empirical insights gained there will therefore increase in value. Furthermore, while the surge of transnational client parents and their frequent need

for phenotypically-similar donor gametes resulted in research into the cross-border mobility of client parents, donors and gametes, (Deomampo 2013, 2016; Rudrappa 2015; Speier 2016), surrogacy workers' experiences of (cross-border) mobility remains neglected. This is where my research begins.

1.2.2 Rationales and approach for researching surrogacy practices in Russia

Since 2013, in response to local and international critique of exploitation, unethical practices, legal faux pas and abuses, governments in India, Thailand, Nepal and Mexico began clamping down on the practice of commercial surrogacy. This not only reduced the global market in surrogacy and left (pregnant) surrogate mothers, client parents and surrogacy-born babies in legal limbo (Murdoch 2017; Parry 2015; Schurr 2016; Whittaker 2016b), it also affected intending parents' trajectories of where to go for surrogacy arrangements.

In light of these developments, Russia's long-standing practice of commercial gestational surrogacy, the country's well-established surrogacy service infrastructure, equal access for foreign citizens, including options for gay men, agencies' and doctors' reorientation towards international clients and the increasing amount of marketing in English, became attractive to international clientele. In addition, also commercial agencies in the USA that previously acted as intermediaries between their local and international client parents and Indian fertility clinics are seeking to expand into countries of the former Soviet Union (@WorldSurrogacy2 2017; Travis 2017).

Empirical research on surrogacy in Russia is scarce. Therefore, empirically-grounded insight in the social organisation and cultural framing of surrogacy in Russia, and into the experiences of those involved in surrogacy, is in demand and novel. The global developments of clampdowns on surrogacy markets in India, Nepal, Thailand and Mexico, and international client parents' interest in finding themselves a surrogacy worker in countries where surrogacy is still legal and more easily affordable than in the USA, make this research highly topical.

1.3 Personal motivation and background for this research

The focus of this thesis expands upon the ethnographic research into commercial gestational surrogacy in Russia that I undertook from September 2012 until January 2013 during my MSc in Cultural Anthropology at Utrecht University, which served in some respects as a pilot when developing the research agenda for this doctoral research (Weis 2013; see appendix 1). The deciding factor on whether to study surrogacy in Russia was the scarcity and therefore need for empirical data on the way commercial surrogacy is culturally framed and socially organised in Russia. I had first become aware of this research area in 2009, as an undergraduate student in Social and Cultural Anthropology at the University of Vienna, Austria. I was captivated by the intrinsic controversies and the impact of technological and medical advances on our intimate and reproductive lives, on our decision-making and our understandings of ethics and personal morals. And so, in the summer of 2012, I travelled to Russia for the first time and immersed myself as a curious onlooker and researcher in St Petersburg's markets in surrogacy – after eight months of self-taught Russian and having established a tentative online contact with a researcher at the Centre for Independent Social Research in St Petersburg.

Empirical research on surrogacy in Russia remained scarce at the time I was writing the proposal for my doctoral research in 2013/2014. Therefore, my research objectives expanded on the insights gained during my MSc research. This doctoral research expands in particular on my first analysis, that surrogacy in Russia is culturally framed as a commodity exchange (Weis 2013). Furthermore, it extends the observations that many surrogacy workers in St Petersburg were not locals, but had either relocated to St Petersburg temporarily or had come only for the embryo transfer and commuted for pregnancy appointments.

1.4 Research objectives and research questions

The aim of this research is to explore the social organisation and cultural framing of commercial gestational surrogacy in Russia. The main objectives therefore are:

- To investigate the roles of the key actors within commercial gestational surrogacy arrangements in Russia;
- To explore the intentions and experiences of women who work as gestational carriers, including those who migrate or commute long distances to St. Petersburg (from within Russia as well as from abroad);
- To explore the meanings surrogacy workers attribute to their experiences in the markets in surrogacy;
- To explore the significance of surrogacy workers' origin, citizenship, ethnicity and religion in shaping their experience.

1.5 Conceptual framework: Intersecting reproductive stratifications

In this section, I outline my conceptual framework of intersecting reproductive stratifications as presented in this thesis to organise the presentation of surrogacy workers' experiences. I therefore first introduce the initial concept of 'reproductive stratifications' as developed by Shellee Colen (1986). Next, I show how scholars applied the framework beyond Colen's initial scope of social reproduction by exploring stratifications of biological and medically assisted reproduction, and next, how some scholars have expanded on Colen's framework to address more recent emerging reproductive phenomena. These expansions firstly are Mamo's and Alston-Stepnitz's (2015) application of 'stratified reproduction' on queer users of ARTs and therefore its complementarity with the framework of reproductive justice (Ross 2007). Secondly, Sheoran (2015) extends Colen's framework from being an analytical tool to understand stratified reproduction as a result of North-South inequalities to analyse stratified reproductions emerging from the South. I then focus on how scholars working on surrogate motherhood have utilised Colen's framework. Here, also Rudrappa and Collin (2015) advanced Colen's (1995) work by showing that surrogacy arrangements not only stratify surrogate mothers' reproductive labour, but also that of their kin as the latter assume surrogate mothers' care work for their children when surrogate mothers' contractual commitments prevent them from doing so. Finally, I demonstrate

why and how I combine reproductive stratification with the analytical framework of intersectionality (Crenshaw 1989).

1.5.1 'Stratified reproduction' among West Indian childcare workers

In 1986, Shellee Colen coined the term 'stratified reproduction' in her ethnographic research with female West Indian childcare workers and their employers in New York, exploring how both groups experience parenting differently (Colen 1986). Her concept 'stratified reproduction' describes how "physical and social reproductive tasks are accomplished differentially according to inequalities that are based on hierarchies of class, race, ethnicity, gender, place in global economy, and migration status and that are structured by social, economic, and political forces" (Colen 1995:78). In other words, "the power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered" (Ginsburg and Rapp 1995:3). With this work, Colen expanded the way social scientists study reproduction. Yet it is important to emphasise that Colen (1995:98) referred to *social* reproduction only.

1.5.2 Applying and expanding on the framework

Since the time of Colen's ground-breaking work, the range of reproductive labour performed for financial compensation by some women for others has moved from social reproduction to include forms of biological reproduction – including practices such as egg donation and surrogacy. Consequently, researchers have expanded and furthered Colen's theoretical framework to examine how stratifications emerge, intersect, are experienced and are reproduced in *social* and *biological* reproduction. Scholars have asked who is legally, financially and culturally supported to reproduce and who is not (Mamo 2007:84).

Empirical researchers have adopted Colen's framework to analyse stratified reproduction in numerous contexts. Greil et al. (2011) and Shreffler et al. (2015) showed the tenacity of stratified reproduction along ethnic and racial markers in surgical sterilisation (Greil et al. 2011) and stratified access to health care and

treatment (Shreffler et al. 2015) in the US. In both examples, Black, Hispanic and Native women were disadvantaged in comparison to White citizens (see also Cussins 1998). Hough (2010) applied the framework of stratified reproduction to study Gambian women's experiences of reproductive disruptions, Gubrium and Barcelos (2014) to study teen childbearing and Roberts (1997) the criminalisation of pregnant drug-users. Bommaraju et al. (2016) studied the relationship between race and perceptions on abortion and miscarriage stigma, Beynon-Jones (2013) looked at Scottish health professionals' roles in providing abortion care and their constructed stratified expectations about women's reproductive decision-making, and Kligman (1998) at Romanian women's stratified reproduction under the state control of reproduction that made large numbers of women fall victim to unsafe abortions.

Colen's framework has been applied at the crossroads of migration, citizenship and stratified reproduction (Chavez 2004; Goldade 2011; Humphris 2017; McCormack 2005; Pulkingham et al. 2010), population politics (Braff 2013), parenting struggles of migrants excluded from social assistance (Humphris 2017), pregnancy experiences of undocumented illegal immigrants (Castañeda 2008), and to explore the jeopardising effects of lack of documentation on undocumented migrants' children (Gonzales and Chavez 2012). Shi (2017) by contrast focused on the reproductive experiences of China's elites, whose wealth and social ties allowed them to have 'unplanned births' and enable their children to be registered and enjoy citizen's rights, unlike the unplanned children of the socially underprivileged. Since the mid-1990s, empirical research on stratified reproduction using ARTs has notably increased (Culley et al. 2012; Daniels and Heidt-Forsythe 2012; Franklin and Ragoné 1998; Ikemoto 2015; Marre et al. 2017; Ragoné and Twine 2000; Whittaker and Speier 2010), including research on 'social egg freezing' (Baldwin 2016; Inhorn 2017) and on the pro-natalist Israeli ART programmes that promote Jewish fertility while controlling Palestinian (Vertommen 2017a; 2017b).

Mamo and Alston-Stepnitz (2015) have extended Colen's framework onto queer intimacies and queer users of ARTs, for whom reproducing genetic ties to their children may not be possible without gamete donation and surrogacy. They argue that

"[queer users of fertility biomedicine] reproduce more than humans: they reproduce consumer marketplaces, normativities, notions of belonging, and intensifying inequalities" (2015:521). To address these new dimensions, which were not addressed by Colen's (1995) initial conceptualisation, Mamo and Alston-Stepnitz therefore complement the framework of reproductive stratification with the framework of reproductive justice.

Sheoran (2015) moves 'stratified reproduction' beyond the focus of North-South stratifications. Drawing on Jean and John Comaroff's (2012) call that theory needs to emerge from the South, Sheoran criticises the earlier theorising of 'reproductive stratification' as being a result of people or technologies travelling from the North to the South or from the South to the North. She contends that "the simplistic narrative where the South is always dependent on the North" (2015:249) needs to be challenged. Drawing on ethnographic research on the use of the emergency contraceptive pill among women in urban India, she shows how contraceptives manufactured and circulated in the South to Southern clients create "newly emerging and constantly fluid forms of contraceptive forms of stratifications" (ibid.).

1.5.3 'Stratified reproduction' and surrogate motherhood

Surrogate motherhood reflects many of the above listed inequities, and for that reason, various scholars working on surrogate motherhood have drawn on 'stratified reproduction' to inform their analysis. In her comparative analysis of surrogacy in Israel, India and the United States, Twine (2011:15) describes surrogacy as "stratified contract labour." She argues "Gestational surrogacy is embedded in a transnational, capitalist market that is structured by racial, ethnic, and class inequalities and by competing nation-state regulatory regimes" (Twine 2011:3). The following section gives insight into how empirical researchers on surrogacy (Deomampo 2016b; Pande 2014c; Rudrappa 2015; Rudrappa and Collins 2015; Teman 2010) have utilised Colen's framework and expanded on it.

Teman (2010:129-132) briefly draws on the concept of 'stratified reproduction' in her discussion of the relationships between Israeli surrogate mothers and intending

mothers to highlight the "strong parallels between surrogacy and caregiving" (2010:131). Surrogate mothers provide "mothering care work" (ibid.), yet reject and are being refused the social label of being the child's mother. Teman particularly emphasises surrogate mothers' efforts to incite the intending mothers to bond with their child, thereby caring not only for the children, but also for other mothers.

In the Indian context, Deomampo (2013; 2016a; 2016b) draws on 'stratified reproduction' to analyse the racial dimension of India's transnational surrogacy arrangements and the way these transnational arrangements elicit new ways of thinking about race and racial formations. In this way, in addition to delineating stratifications between surrogacy workers and (transnational) intended parents along social markers, caste and race, she demonstrates "how stratified reproduction becomes even more complex with increasing intraclass social divisions among surrogates and surrogate agents" (Deomampo 2016b:198). Pande, who used the frame of labour as her initial analytical starting point (Pande 2009a; 2009b; 2010a; 2010b), draws on 'stratified reproduction' in her subsequent analysis (Pande 2014a; 2014b; 2016). She shows that while the Indian state's anti-natal politics towards poor and lower caste women controls women's reproductive lives to prevent "'wasteful' motherhood" (Pande 2014b:126), as surrogate mothers, the same women self-identify and are portrayed as having transformed "from reckless reproducers to productive reproducers" (Pande 2016:248; Pande 2014a; see also Rudrappa 2015). Pande (2014a:56) further shows how surrogate mothers accessed sterile clinics and top-notch reproductive technologies unattainable when pregnant with their own children when their bodies served the commissioning parents, and frequently had to undergo medically unnecessary Caesarean sections for the commissioning parents' convenience.

Rudrappa and Collins (2015) add another trope of reproductive stratifications to the analytical arsenal that feminist scholars have developed from Colen's (1995) initial frame. They show how surrogate mothers' kith and kin have to contribute to replace the pregnant women as they reside in housing provided by the agency, separated from their children. These individuals compensate for the missing maintenance of the

household and nurture the surrogacy workers' children (see also Vora 2013:S98). In other words, they assume responsibility for social reproduction while the surrogate mothers are absent to reproduce physically for others. Stratified reproduction thus not only concerns the surrogate mothers' immediate families, but ripples through their wider family network.

This brief review of how Colen's framework of stratified reproduction has been used since its first conception shows that it inspires thinking beyond its initial form and offers itself to expansion and operationalization. The way the empirical scholars on surrogacy in particular have drawn on and expanded 'stratified reproduction' to analyse commercial surrogacy substantiates its suitability for my purpose. Yet, this has only been done moderately and mainly by focusing on stratifications between members of different groups in surrogacy arrangements, in particular between the clients and the surrogates. The facets of stratification among surrogate mothers, their causes and the implications of intersections remain to be explored and give reason and scope for further expansion of Colen's framework of stratified reproduction.

1.5.4 Intersecting stratifications

To present and analyse my empirical data in the finding chapters 5-8, I build on and operationalize 'stratified reproduction' to organise my empirical findings. In order to do so, and to develop this concept from the current evidence base, I additionally draw on the analytical framework of intersectionality. Historically, the term "intersectionality" was developed by Black/indigenous feminists and queer and postcolonial theorists; it was officially coined by Kimberle Crenshaw (1989) as a way to point out the analytical and epistemological shortcomings that result from thinking and analysing "along a single categorical axis" (Crenshaw 1989:57). When taking an intersectional approach, researchers ask how socially constructed phenomena, such as gender, race, class, sexuality, age, ethnicity and ability, relate or intersect with one another and what new dynamics emerge from such intersections to tackle the fragmentation of identities and experiences that a single axis approach risks overlooking (Collins and Chepp 2013; Grillo 1995).

Therefore, applying the intersectional approach to identify and analyse the experience of different forms of stratification among surrogacy workers in Russia does not mean simply adding up experiences of stratification. Instead, it means juxtaposing and scrutinizing their intersections, and exploring whether and how experiences of stratification are overlapping or non-nested, and whether the intersections of different forms of stratifications are perpetuating, exacerbating or mitigating the experience of stratification as a result.

I consider the combination of the conceptual frameworks of stratified reproduction and intersectionality best suited for analysing the mutually dependent and mutually propelling dynamics of biological, social, class, ethnic, religious, geographical and geopolitical stratifications that characterise the markets in commercial gestational surrogacy in Russia.

1.6 Outline

This thesis is organised into ten chapters. Following this introductory chapter, chapter 2 provides a critical review of the current body of empirical scholarship on surrogate motherhood.

Chapter 3 discusses the methodological approach and rationale for conducting an ethnography for data collection. This chapter further illustrates my methods, recruitment strategies, participant sample and approach to data analysis. Finally, I give an account of how I developed sound research ethics and how I ensured trustworthiness and quality.

Chapters 4-8 are my findings chapters that answer my research questions. Furthermore, each of these findings chapters grapples with a different form of reproductive stratification (Colen 1995) experienced by the surrogacy workers. In addition to applying my overall conceptual framework of intersecting reproductive stratification, each chapter draws on further conceptual or anthropological theoretical frameworks to enhance the analysis.

Chapter 4 provides the reader with the contextual and legal background of surrogacy in Russia, introduces its (social) organisation and the milestones associated with organising and implementing a surrogacy pregnancy.

Chapter 5 explores the *social stratifications* among surrogacy workers and client parents, and, drawing also on Hochschild's (1979) analytical framework of emotion work, explores how women decided to become surrogacy workers and how they organised it. The chapter expands on their three main questions: (1) 'Can I give the child away?' (2) 'Am I morally prepared?' and (3) 'Who to tell?' exploring their negotiations with husbands, unwed partners and family.

Chapter 6 examines the dimensions of *biological stratification* and the relationship work between surrogacy workers and client parents. Drawing on Ortner's (1997, 2006) conceptual framework of 'serious games,' I explore how surrogacy workers became 'serious players' who evaluated their 'game' and 'field' and negotiated their agency within a highly stratified setting. I show how they were influenced by and with their actions reinforced the cultural framing of surrogacy as a business arrangement by regarding themselves as the client parents' employees, and framing 'relationship work' (Zelizer 2005, 2012) as one of their related duties.

In Chapter 7 I coin the terms 'migrant surrogacy worker' and 'commuting surrogacy worker' and turn my focus onto the multiple forms of *geographic and geo-political stratifications* as experienced by these mobile groups of surrogacy workers. Applying and extending Bourdieu's (1986) concept of the convertibility of different forms of capital, I argue that mobility, which I conceptualise as the ability to travel and the readiness to do so on demand, is a necessary capital for migrant and commuting surrogacy workers to convert reproductive capital into economic capital. I further show that the Russian markets in surrogacy rest on and propel women's mobility, while outsourcing the risks and precarity this demand implicates for the migrant and commuting surrogacy workers.

Chapter 8 addresses the dimensions of *ethnic stratifications* among surrogacy workers. Drawing on the concept of 'othering' (Schäffter 1991; Last 2012; Seidman 2013), I show how ethnicised categories among surrogacy workers were created, which

stratified surrogacy workers and consequently led to the marginalisation and systematic disadvantaging of women of Central Asian origin.

Chapter 9 is a reflection chapter on my methodological approach, my research ethics, my (feminist) quest for reciprocity and on the role of the researcher's emotions in the generation of knowledge.

In the final Chapter 10, I synthesise my empirical findings, analyses and arguments on the way surrogacy in Russia is culturally framed as an economic exchange. I show how making sense of and implementing surrogacy arrangements as an economic exchange gave rise to and reinforced the five identified stratifications between the diverse actors: (1) biological, (2) social, (3) geographic, (4) geo-political and (5) ethnic. I further show how these dimensions of stratified reproduction intersected and shaped surrogacy workers' perception of their surrogacy work and their relationships with their client parents. Finally, I account for my methodological choice of making my own emotional responses a research tool, and give recommendations for future research.

2 Empirical research on surrogate mothers

This chapter locates my research project within the existing empirical literature on surrogate mothers' experiences. Empirical research on surrogacy started in the early 1980s in the USA, from where the commercial model of surrogacy originated. Early empirical research was selective and conducted almost exclusively in the USA and the UK. Researchers focused on surrogate mothers' motivation, personality and character traits, and the attitude of the general public. Furthermore, this early research was based primarily on genetic surrogacy arrangements, as in-vitro fertilisation (IVF), the prerequisite for gestational arrangements, was still novel and had yet to gain a foothold.

Helena Ragone's (1994) ethnography-based monograph "Surrogate motherhood: Conception in the heart" on surrogacy in the USA was the first extensive qualitative contribution. However, after its publication, interest in empirical surrogacy research temporarily ceased and the number of publications dropped. It appeared as if the debates over surrogacy had saturated the acadmic interest. Only a decade later, when India joined the ranks of surrogacy-providing countries and quickly became a popular destination for cross-border reproductive travel, the topic came back into the focus of empirical research and the number of publications increased significantly. Amrita Pande (2014), who began her fieldwork in Anand, India, in 2006, pioneered the 'second wave' of qualitative surrogacy research. The new scholarly contributions addressed emerging themes such as the experience of intending parents and surrogacy workers in transnational surrogacy, the risks of exploiting surrogate mothers in developing countries and the making, unmaking and meaning of kinship in different cultural contexts. Aside from the new research locations and foci and despite its long-standing practice, surrogacy in Russia has remained neglected.

In this chapter, I review the body of the empirical literature on surrogacy and the experiences of surrogate mothers in particular, identifying gaps in knowledge and critically engaging both with the research methods used in these studies and the

participant samples. In this way I provide the reader with an overview and the relevant context, and locate my own research project.

2.1 Process of literature search, and inclusion and exclusion criteria

This chapter is based on a comprehensive search and subsequent targeted review of the social science literature on surrogacy. The initial searches were conducted in early 2014 and have been periodically updated throughout the course of the study via Scopus and Mendeley publication alerts in order to identify any new outputs. In 2014 I searched Academic Search Premier (EBSCO), Applied Social Science Index and Abstracts (ASSIA), JSTOR and Scopus, using the search terms described in figure 2.1. In addition to these systematic searches with academic search engines, I also retrieved articles and book chapters using exploratory searches and reference chaining.

Figure 2.1, Search terms

surrogacy OR *surrogate mother**	AND	*empirical* *interview** *ethnograph** *fieldwork* *questionnaire**

These database searches returned 109 results, from which 66 articles were selected for inclusion after reviewing the abstracts. A further 59 articles and book chapters were retrieved via the explorative search and reference chaining. The inclusion criteria for this review were the presence of primary empirical data, peer review and publication in English. This resulted in a total of 125 empirical research-based articles and book chapters, and two monographs on surrogacy (n=127). The publications spanned topics on surrogate mothers, intending parents, medical staff, children born through surrogacy, the surrogate mothers' own children, and survey-based opinion polls of the general public or selected members of the public, such as infertile

individuals. The outputs were reviewed and organised thematically (see appendix 2). The broad and inclusive scope of this review was used to identify the gaps in scholarly literature on surrogacy and to develop and refine my own specific research objectives.

For the purposes of this chapter, I then conducted a focused thematic review of the literature, which provides the most appropriate context (in terms of focus and scale) for this thesis. This chapter therefore includes publications which focus primarily on the experiences of surrogate mothers, and excludes publications focusing primarily on surrogate mothers' personality profiles, intending parents, children born through surrogacy and surrogate mothers' own children, surrogacy service providers and surveys of the general public. However, I have made exceptions to this rule for the following reasons. In the section on the relationships between surrogate mothers and intending parents I include relevant literature on the intending parents' experience, due to its relevance for the study objectives. I have also included one German, non-peer-reviewed journal publication because of its relevance to my work, and, as empirical research on the role and conceptualisation of race and ethnicity in surrogacy arrangements is scarce, non-empirical commentaries (which are excluded elsewhere in the review) are included in the section on race and ethnicity.

After consideration of these more focused criteria, the material presented in this chapter is based on the review of 104 outputs. This includes the following: 93 empirically based outputs, including 75 peer-reviewed articles, seven book chapters, eight monographs, one publication that is not peer-reviewed, one doctoral dissertation and my empirical, unpublished MSc dissertation. In addition, I have drawn on ten commentary sources.

This review is organised according to the themes that emerged from my thematic analysis of the literature. In the following pages, I begin by reviewing the literature on surrogate mothers' motivations and routes into surrogacy, including the relationship between surrogate mothers and intending parents, and the surrogate mothers' relationship to the in-utero child. I go on to review the diverse ways in which surrogate mothers frame and present their activities. Next, I focus on the existing research on

surrogate mothers' mobility, and finally, I scrutinize the way surrogate mothers' ethnicity and race has been addressed in the literature.

2.2 Surrogate mothers' motivation and routes into surrogacy

Empirical studies on the reasons women decide to become surrogate mothers can be grouped into three different methodological approaches: survey-based quantitative studies, cross-sectional qualitative interview studies and ethnographies. A number of researchers used the survey-and-interview approach, which combine an exploration of surrogate mothers' motivations with an assessment of their personality profiles, testing for psychopathology which might explain surrogate mothers' choices and motivation (Aigen 1996; Braverman and Corson 1992; Einwohner 1989; Franks 1981; Hanafin 1987; Imrie and Jadva 2014; Kanefield 1999; Klyman 1986; Pashmi et al. 2010; Parker 1984; van den Akker 2003; van den Akker 2007). However, none of these studies have been able to verify their hypotheses of psychopathology among surrogate mothers.

Reviewing the literature on women's motivations I therefore exclude those that are focused on personality profiles and psychopathology; inspired by ethnographic work that widened the focus from women's personal motivation to their circumstances, I expand the scope of this section to include women's routes into surrogacy. In what follows, I first review the survey-based quantitative and cross-sectional qualitative interview studies, and then move on to review the ethnographic work.

2.2.1 Assessing surrogate mothers' motivations via survey-based quantitative and cross-sectional qualitative interview studies

In their US-based study with gestational surrogate mothers, Braverman and Corson (2002), conclude that participants' motivation is altruistic and intended to fulfil narcissistic needs. Their information on their sample size however is vague. They posted 221 questionnaires, but are unclear about the response rate and, thus, overall sample size. Further, they fail to describe how many women indicated altruistic

motivation, and whether (and which) other motivational factors were given. Finally, though Braverman and Corson published their questions, it is unclear how they reached their conclusions. Hohman and Hagan (2001), who interviewed 17 surrogate mothers in the USA, found altruism the predominant motive (n=12). Four women indicated that they had financial motivation; however, only one had this as a sole motive, and three women indicated other personal gains. Aigen (1996), in her capacity as a psychologist for a New York based agency, screened and interviewed 200 women and found that money was a main but not sole motivator. She further accounts for her agency not accepting women "overly motivated by the fee" (Aigen 1996:2), which could indicate a possible bias in her sample, in that 'overly financially motivated' women were excluded. Roberts (1998), described neither her sample size of US-American surrogate mothers nor the distribution of answers, and consequently her findings lack transparency; she reported both altruistic and financial motivation. These studies give no insight into whether the surrogate mothers were in genetic or gestational arrangements.

In the UK, based on a sample of 19 surrogate mothers (17 genetic, 2 gestational arrangements), Blyth (1994) concludes that while study participants indicated that money should not be the main motivator, financial motives prevailed. The next most frequent motive was enjoying pregnancy and childbirth (n=9). Baslington's (2002) findings coincide with those of Blyth (1994), as they are based on the same sample.[3] A decade later, Jadva et al. (2003) found in a new sample of 34 UK surrogates only one participant who indicated a financial motive. Instead, 'self-fulfilment' was the most frequent answer (n=31), followed by 'wanted to help others' (n=5) and 'love being pregnant' (n=2). Van den Akker (2003), who collected answers from 24 participants (11 gestational and 13 genetic surrogate mothers) via postal questionnaires, on the other hand, found altruistic motivation to be their main motivation (n=19), followed by 'enhancing self-esteem' (n=5) and compensating for previous loss (n=2). Only one surrogate mother indicated financial motivation. None of the UK-based studies address

[3] Baslington worked as Blyth's research assistant.

the fact that the UK officially permits only altruistic arrangements and the impact this might have on the disclosure of financial compensation as an aspect of motivation.

Kanefield (1999), Klyman (1986) and Parker (1983), psychologists based in the USA and working with US-American surrogate mothers, and Lorenceau et al. (2015) who sampled two surrogate mothers from France, five from the UK, two from Belgium and one from the Netherlands, offer what Kanefield coined the 'reparative motive'. By that, Kanefield (1999:11) contends that women are either "overtly or implicitly [compensating] for or repair an earlier loss or sense of damage," such as an abortion, by becoming surrogate mothers. For instance, Parker (1983:118), concludes, based on 32 of 126 women in his sample having had a voluntary abortion and 11 having given a child into adoption before becoming surrogate mothers, that surrogate mothers were motivated by "often unconscious unresolved feelings". Yet, as Teman (2008:1107) has previously pointed out, "the studies (…) [found] very little evidence of a reparative motive but place undue emphasis on the few cases in which such a motivation is found".

Pashmi et al. (2010) evaluated the motivation of 15 Iranian surrogate mothers via structured interviews and questionnaires and found that 87% indicated both altruistic and financial motives, again without giving insight into the distribution of the answers. Naef (2012:176) confirms Pashmi et al.'s (2010) findings. She indicates having conducted "over one hundred in-depth, open-format interviews with both infertile couples undergoing ART procedures (…) as well as people such as gamete donors and surrogates" (Naef 2012:161), but fails to provide details about how many surrogate mothers she interviewed. Hibino and Shimanozo (2013), in an interview-based study with 14 gestational surrogate mothers in Thailand, found financial gain to be the main motivator (see also Whittaker 2014:110), yet participants also emphasised that money should not be the sole motivator. All 17 women in Söderström-Anttila et al.'s (2002) interview-study based in Finland indicated altruistic motivation. Again, Finland permits only altruistic surrogacy; 11 of the surrogate mothers were family members and four were friends.

In the context of Russia, Svitnev (2013) distributed an email questionnaire to 73 women (37 who were currently pregnant as surrogate mothers, 36 in the application process). 74% specified altruistic motivation, 43% answered 'to improve living conditions', 16% 'to improve financial situation', 15% 'for studies or treatment of their children', 14% 'to return credit', 12% 'enjoy pregnancy' 7% 'remorse for abortion'. Participants could give multiple answers, but 26% indicated payment was their only motivation. Figures such as 54% of the women being married, yet 56% being financially supported by their husbands, raise doubts over the publication's credibility. Moreover, Svitnev (2013:i227) states that "no participant lived in poverty", but neither defines poverty nor indicates how he measured this. Moreover, Svitnev is the owner of the law firm mediating surrogacy arrangements through which participants were recruited. This conflict of interest is not mentioned and poses a risk of bias. Research participants' anonymity and confidentiality was not protected, since research participants' responses were not kept separate from their application to become a surrogate mother. It therefore cannot be ruled out that women sought to present themselves in a favourable light in order to become or repeat being surrogate mothers.

These studies indicate that the main motivation categories as identified by the researchers were 'financial interest', 'altruism', 'self-fulfilment', 'enjoyment of pregnancies', and the 'reparative motive'. These studies however revealed no patterns and, especially in the UK and USA context, findings were contradictory. While these studies indicate that women were motivated by a combination of factors, such as both seeking a financial gain and intending to perform an altruistic act, they give no insights into the context within which these women took their decisions and why studies in the same country would yield contradictory results. Finally, they offer no explanation as to why altruism prevails in the USA, where commercial surrogacy is practised, whereas UK-based studies show a higher prevalence of financial motivation, despite only altruistic surrogacy being allowed in the UK.

2.2.2 Ethnographic accounts of surrogate mothers' motivations and routes into surrogacy

Ethnographic research is characterised by the use of a combination of methods (such as participant observation, in depth interviews and conversations) over an extended period. Ragone (1994) conducted the first extensive ethnographic study based on fieldwork undertaken between 1988 and 1994 with 28, predominantly genetic surrogate mothers in the USA. She describes women's motivation as giving 'the ultimate gift' and downplaying financial remuneration (1994:59). Two decades later, the motivation reported among US-American surrogates appears unchanged. For her ethnography on surrogacy in Texas, Jacobson (2016) interviewed and followed 31 women over the course of three years. She presents their motivation as feeling sympathy for the intending parents, enjoying pregnancy and general altruism (Jacobson 2016:55-60). The Texan surrogate mothers countered negative public images of surrogacy by downplaying their financial compensation. However, Jacobson does not provide details about deviating opinions among participants. Also Berend (2016:146-166), who conducted a methodologically innovative cyber-ethnography on US-American surrogate mothers' participation in the online community 'SurroMomsOnline', concludes that altruism was their main motivator and monetary gain was downplayed. She further points out how women's priorities shifted: women who initially signed up for surrogacy for financial reasons, repeated surrogacy because they felt a commitment to the intending parents; money was seen as a bonus (see also Teman 2010:207). Yet Berend's accounts fall short in that they give little insight on opposing views and whether the 'SurroMomsOnline' culture, which felt very strongly about surrogacy being about 'giving a gift', silenced diverging opinions.

Ragone (1994), Berend (2016), Jacobson (2016) and Smietana (2017b), who conducted a qualitative sociological study with ethnographic elements with 20 surrogate mothers, agree that "surrogacy [in the USA] is founded on a socio-economic class stratification between intended parents and surrogates" (Smietana 2017b:6.1). However, none of the US surrogate mothers lived below subsistence level and all had other means of subsistence beyond surrogacy.

Teman (2010), in her monograph on surrogacy in Israel, found that the 26 surrogate mothers in her sample shared many of the UK and US-American surrogate mothers' motivations. However, as "Israeli surrogates are necessarily unmarried yet raising their children on their own (…) [they] were also unapologetic, honest, and upfront about money being their primary goal in pursuing surrogacy" (Teman 2010:23). Teman demonstrates that one cannot assess motivation without taking the women's background and socio-economic situation into consideration. While most participants expressed a desire to help childless couples, their circumstances did not allow them to be solely altruistic (Teman 2010:207-208).

In India, Pande's (2014) ethnography, based on fieldwork conducted between 2006 and 2011 with 52 surrogate mothers, reveals different motives. Lack of education and low socioeconomic status, in short, "sheer need for money" (Pande 2014:61) motivated women to become surrogate mothers (see also Deomampo 2013, 2016:195-223; Majumdar 2016; CSR 2017; Rozée et al. 2016). Yet Pande (2014:39) emphasises that some women "became surrogates completely of their own accord," while other groups of women "were recruited systematically by brokers" or "were 'convinced' by their in-laws and their husbands." Additionally, surrogate mothers and their families downplayed aspects of choice and referred to surrogacy as a compulsion (Pande 2009, 2014:134). Therefore, the word 'motivation' with its connotations of choice is not applicable in the context of financial despair or third-party coercion.

Rudrappa (2015), who interviewed 70 surrogate mothers from Bangalore, India, moves from the category 'motivation' to exploring women's wider socioeconomic realities, contextual choices, and their experiences of recruitment into surrogacy. She locates their choices within the women's experiences of employment as garment factory workers, a position posing many physical and mental health hazards. Against this backdrop, the prospect of entering the reproductive industry raised hopes for greater control over their lives, economic opportunities for social mobility and increased social value, and "[delivery] from economic precarity" (Rudrappa 2015:65). Surrogate mothers who were formerly garment workers recruited fellow garment workers, using their social networks. Thus, Rudrappa's explanation goes beyond poverty as a push

factor and beyond the clear-cut categories that fail to account for the realities of women's choices, motivations and obligations.

Summary

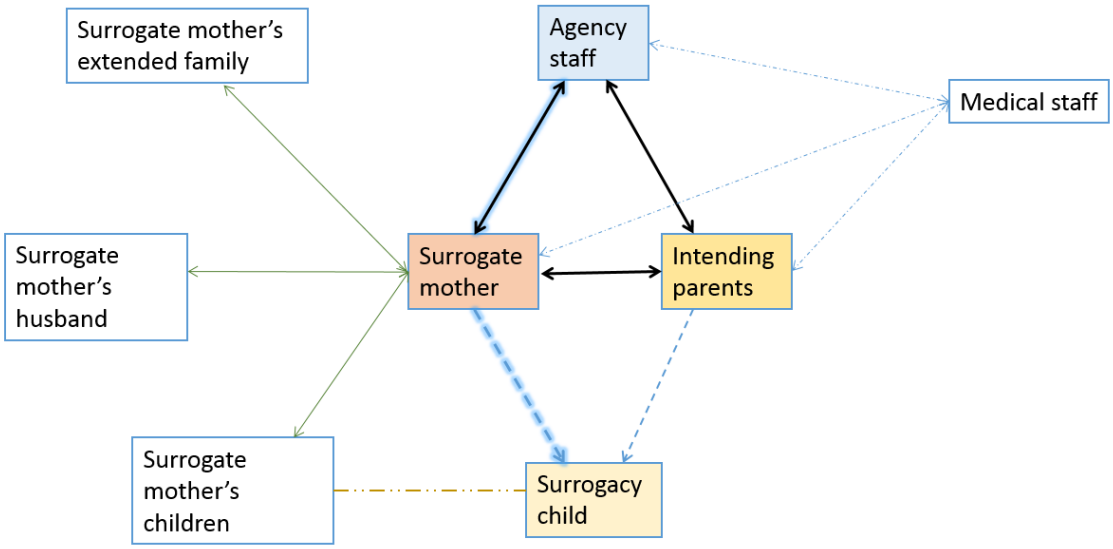
Research on women's motivation to become surrogate mothers has frequently explored or explained motivation in clear-cut, often dichotomous categories, such as financial or altruistic interest. This review however has shown that the ethnographic approach found women's motivation to be manifold and contextual. Nevertheless, the higher living standards of women in Europe and Northern America allowed surrogate mothers in Europe and Northern America to express altruistic motives, whereas women from India, who experience lower living standards and higher economic precarity, did not enjoy that privilege. The ethnographic approach has taken women's socio-economic circumstances into consideration. Rudrappa's (2015) research in particular shows the way forward is to understand women's motives and routes into surrogacy, as she expands her approach from examining motivation to looking at the way women negotiated their entry into surrogacy via work and social networks.

With respect to the practice of surrogacy in Russia, this review shows that the existing empirical insight on the motivation of surrogate mothers in Russia is scarce and hampered by methodological limitations. In chapter 5 of this thesis I address this geographic gap, and, inspired by the insights gained from Pande's (2014) and Rudrappa's (2015) work, I explore firstly *how* (rather than only *why*) women decide to become surrogacy workers, and secondly, how they negotiated their entry into the markets in surrogacy. By shifting my focus from *why* to *how,* I am able to not only address women's motivation, but also to show how their motivation is embedded in their wider social context.

2.3 Surrogate mothers' relationships in surrogacy arrangements

Surrogacy arrangements involve and engender multiple relationships between the multiple actors. A relationship between the surrogate mother and intending parents, and if involved, a commercial agency, is inevitable. A relationship between intending parents and the surrogacy child is intended. The relationship between the surrogate mother and the surrogacy child is contested and depended on different factors. The surrogate mother is also in relationships with her family, while the relationship of medical staff to the various actors is often marginal. Figure 2.1 provides an overview of these relationships:

Figure 2.1, Network of relationships in surrogacy arrangements



In this section, I review the two bodies of empirical scholarship on relationships in surrogacy arrangements that concern the relationships between surrogate mothers and intending parents, and the relationship between surrogate mothers and the surrogacy child (until birth), as I intend my own research to contribute to these two bodies of literature.

2.3.1 Relationship between surrogate mother and intending parent/s

The over-arching finding in the research relationships between the surrogate mother and intending parents is the tendency among surrogate mothers to expect and highly value the development of a relationship, and to regard the achievement of a lasting bond as a marker of success and satisfaction (Berend 2014, 2016; Haylett 2015; Imrie and Jadva 2014; Jacobson 2016; Pande 2014; Teman 2010). The majority of the research on relationships between surrogate mothers and intending parents focuses on surrogate mothers' experiences. Kleinpeter (2002), Papaligoura et al. (2015) and MacCallum et al. (2003), who explore intending parents' experiences, also found that the intending parents strongly valued a positive and trusting relationship with their surrogate mother.

Baslington (2002), in her UK-based study with 19 surrogate mothers and Hohman and Hagan (2001), in their US-based study with 17 surrogate mothers, found that all participants described the relationship as the most important variable to determine their satisfaction, and four women in Baslington's (2002:66) study described unanticipated problems in the relationship as being the worst part of the experience. Smietana (2017b) found all 20 surrogate mothers expressed a desire to remain in some kind of mutual relationship. Teman (2010) in Israel and Haylett (2015) in the US, found that the surrogate mothers depended emotionally on the relationship with their intending mothers[4], and that treating this bond as the main bond helped them to shift their focus away from the child and subsequently "relinquish the baby without trauma or suffering" (Haylett 2015:137; see also Jacobson 2016; Teman 2010). Ethnographers in the US and Israel (Berend 2010, 2014, 2016; Haylett 2015; Jacobson 2016; Ragone 1994; Smietana 2017b; Teman 2010) further found that "surrogates most often do not think of surrogacy as simply a business transaction that ends when the baby is born; rather, they think of it as a joint endeavour that forges a friendship. (…) Continued contact after birth is a proof to surrogates that the relationship with the couple was not simply a business arrangement" (Berend 2014:400). Thus, having and maintaining a relationship was seen as decommodifying the contractual nature of the arrangement. Berend (2014:400) further concludes that US surrogates "generally

[4] Teman (2003b, 2010) also discusses that the relationships are gendered and women centred, and men sidelined both in the medical process as well as in the relationships.

believe that surrogacy creates a bond that is not dissolved by payment and that intended parents' appreciation and friendship is the best reward." However, as previously flagged up in discussing the literature on women's motivation, I contend that Berend's (2010, 2012, 2016) approach of following surrogate mothers online makes it difficult to gauge whether and how opinions diverged, as the 'SurroMomsOnline' community upholds an unambiguous ethos of what makes a 'real surrogate' and a 'good surrogate' (Berend 2016:81). Furthermore, women who posted diverging opinions from these shared understandings were criticised and corrected. This could have discouraged women with unorthodox experiences and opinions from posting, subsequently resulting in self-censorship and distorting the data collected through postings only.

The literature on surrogacy in the UK, Israel and Northern America further shows that surrogate mothers experienced the unanticipated end of the relationship, or less frequent contact than anticipated, as disappointment and loss. Berend (2012:926) for instance quotes a US-American surrogate mother likening a surrogacy arrangement to a marriage: "we never go into this expecting the relationship to go downhill"; she reports women feeling a sense of loss, sadness and disappointment over the loss of the relationship and their special role (see also Baslington 2002; Reame et al. 1998; Smietana 2017b). Surrogate mothers in Fisher's and Hopkins' (2013:510) Canadian sample expressed loss of a sense of their purpose and identity. Teman (2010:228) further found that deprived of further acknowledgement, surrogate mothers felt betrayed, "commodified, invaded [and] fragmented." The US-American surrogate mother in Goslinga-Roy's (2000:135) case study expressed discontent over a "loss of power" and Jacobson (2016:91) found that "too little contact denied surrogates the opportunity to witness the joy they were bringing to their I[ntended]P[arent]s."

While these studies show that satisfaction hinged on the relationship in manifold ways, both Berend (2014; 2016) and Teman (2010) observed a shift in women's attitudes over time. Berend (2014:399) states "although [still] most women are disappointed when intended parents do not stay in touch, they have come to refocus on the satisfaction that 'creating life' offers." This refocus offers itself for further research.

Furthermore, the above studies were based on research conducted during the pregnancy or shortly after birth. Their short-term focus on the future of the relationship up to a year after childbirth, and surrogate mothers' corresponding satisfaction, do not address a persistent fear among critics of surrogacy, namely whether surrogate mothers feel regret or remorse retrospectively in the long term. Imrie and Jadva's (2014) UK-based study with 34 surrogate mothers on their long-term experiences seven years after childbirth is a first response to this gap. They found that most women were satisfied with the kind of relationship and frequency of contact, and were satisfied even when the relationship discontinued. That could mean that that surrogate mothers' dissatisfaction wears off with time, but further research is needed to verify this. Moreover, Imrie and Jadva (2014) measured the frequency of contact, finding that the majority of surrogate mothers continued to have contact anywhere between once a year and once a month, but they do not indicate what means of contact they measured. In surrogacy arrangements with heterosexual couples, Braverman and Corson (1992), Jadva et al. (2003), Jadva (2014) and Teman (2010) found that the relationship with the surrogate mother is considered 'women's work' and intending mothers keep better and more frequent contact than intending fathers. There is a gap in empirical knowledge on the relationships between surrogate mothers and gay intending fathers (Rudrappa 2015; Smietana 2017a, 2017b; Ziv and Freund-Eschar 2015), on how relationship work is managed and whether relationship work is shared among the men, or not.

Pashmi et al. (2010), in an Iranian study, found that two women in their sample of 15 surrogate mothers who were related to the intended mother maintained good relationships, including regular visits. The remaining 13 surrogate mothers experienced regular contact during the pregnancy, yet after delivery, 12 intended parent-couples ended the relationship completely and did not let the surrogate mothers see the child. However, besides mentioning that one surrogate mother "felt unhappy" (Pashmi et al. 2010:35), they give no further insight into whether these women expected an ongoing relationship and how they felt about the involuntary ending of contact.

Ethnographic research on surrogacy in India (Deomampo 2013, 2016; Pande 2009, 2014; Rudrappa 2010, 2015; Saravanan 2013; Vora 2010, 2013) has shown that entering into contact, forging a relationship and remaining in contact were more difficult for Indian surrogate mothers. Agencies and clinics commonly restricted and mediated contact and, especially in transnational arrangements, surrogate mothers faced language and technology barriers. Nevertheless, some women imagined ongoing support and even invitations to visit their transnational intending parents later on (Pande 2014:139-140). While building relationships was an effort to resist being 'disposable' workers and secure additional material benefits (Pande 2010, 2014:128; see also Hibino and Shimazono 2013; Rudrappa 2015:96-98), Pande (2009b:166) also problematizes how, in order to establish a long-term relationship, some Indian surrogate mothers sought to appear humble and not greedy, which "[prevented them] from negotiating their wages." These efforts of relational work show that surrogate mothers in India, especially when entering transnational arrangements, faced asymmetries of capacity and structural disadvantages that put them in weaker negotiating positions than the surrogate mothers in Europe, Israel and Northern America.

Summary

To summarise, research into the relationships between surrogate mothers and intending parents shows that forging a lasting bond was seen as a marker of achievement and satisfaction, and highly valued by surrogate mothers. However, existing studies have not problematized who is doing the work to establish and maintain the relationships.

The literature on surrogacy arrangements in Europe, Northern America, Israel, Thailand, Iran and India shows a clear divide regarding additional purpose and benefits when being able to forge ongoing relationships. Surrogate mothers in Israel, Northern America and Europe sought to de-commercialize the contractual arrangement by achieving and emphasising the personal connection with the intending parents (Berend 2016; Haylett 2015; Jacobson 2016; Ragone 1994; Teman 2010). In India,

achieving a personal connection with the intending parents was, in contrast, the surrogate mothers' strategy to obtain greater (material) gain (Pande 2014:177). This divide between women who sought to decommercialise the arrangements and those who worked hard to gain additional material benefits from them runs along the same geographic lines as surrogate mothers' motivation. This suggests that women's overall living conditions and cultural differences play a role in shaping expectations, hopes and strategies regarding the relationship.

As Russia provides a different cultural setting, and no empirical research has yet been conducted on relationships between surrogate mothers and intending parents there, I intend to address this gap with my empirical findings and analyse them within the Russian cultural framing of surrogacy. Furthermore, empirical research has explored how surrogate mothers experience ongoing relationships with their intended parents as well as how they experience and cope with the unexpected loss of contact and deprivation of a relationship. However, it offers little insight into whether all surrogate mothers strive for a relationship and whether all terminated relationships result in initial disappointment, and has neglected to problematize who is doing the work to establish and maintain the relationships. My research also addresses these gaps.

2.3.2 Relationship between surrogate mother and foetus, and relinquishment

This section reviews the empirical research on surrogate mothers' experiences of (not) bonding with the surrogacy children and relinquishing them after birth. The review shows great variation in surrogate mothers' notions of existing bonds to the child and the way these were influenced by cultural notions of kinship and relatedness. A small body of literature (Fisher and Hoskins 2013; Jadva et al. 2003; Ragone 1994; Teman 2010) has focused on the relationship between the surrogate mother and surrogacy child after childbirth.[5] This body of literature is excluded from the review as my work

[5]Jadva et al. (2003), whose study included 34 surrogate mothers in both gestational and genetic arrangements, found that 32 surrogate mothers were happy with the level of contact and two women found the level of contact with the child one year after birth insufficient. Without indicating the form of the surrogacy arrangements, Jadva et al. (2003) further report that 14 women felt a special bond towards the child, whereas 20 did not.

focuses on surrogate mother's experiences from during the pregnancy until shortly after childbirth.

In Europe and North America, genes and blood are seen as a potent symbol for connection (Schneider 1980). The expressions and analytical categories that researchers working on surrogate mothers' experiences of bonding and relinquishment in the UK and USA have employed findings also reveal underlying cultural assumptions that surrogate mothers bond naturally with the foetus during gestation (van Zyl and van Niekerk 2000). In the UK, Israel and the USA, empirical research however has shown that surrogate mothers from the onset did not consider the child as their own, irrespective whether they entered genetic or gestational arrangements (Berend 2012, 2016, 2016; Fischer and Gillman 1991; Fisher 2013; Fisher and Hoskins 2013; Haylett 2015; Jadva et al. 2003; Kanefield 1999; Lorenceau et al. 2015; Ragone 1994, 1996; Ragoné and Twine 2000; Roberts 1998; Teman 2001, 2003a, 2006, 2010; van den Akker 2007).

Ragone (1994) found that none of the 28 US-American surrogate mothers in her sample experienced 'sadness' or 'grief' over the relinquishment. Equally, in the UK, Jadva et al. (2003:2200) report that none of their 19 participants "[experienced] any doubts or difficulties whilst handing over the baby" and also all 15 surrogate mothers who had delivered the child during van den Akker's (2003) data collection handed the baby to the intending parents without experiencing difficulties.

Baslington (2002:64), who interviewed 19 women in the UK, writes "an unexpected finding was that 10 of the 14 women who had relinquished [at the time of the interview], had, surprisingly, coped very well." Three women's "[bonding was] transitory and they showed no signs of grief at the time of the interview". Ciccarelli (1997 in Baslington 2002) described two women in his sample of 14 surrogate mothers who described an urge to bond and one of feeling a mothering instinct, yet all 14 women handed the baby over to the intending parents. Baslington explains women's emotional detachment in preparation for relinquishment, regardless of whether they

were genetic or gestational surrogate mothers, but offers no insight into *how* these women coped with initial grief and reached contentment, how long this took and whether they sought or received any external support. Fisher and Hoskins (2013) found that a common strategy among the eight gestational surrogate mothers in Canada to avoid bonding with the child was to form a close relationship with the intended parents. Snowdon (1994:83), who compared the attitudes of 13 UK-based women involved in either egg donation or surrogacy towards the question 'What makes a mother?', contends that regardless of being in a gestational or genetic surrogacy arrangement, the women found that "it is an attitude of mind that creates (…) the distance" for the surrogate mother to relinquish the child.

Analysing how kinship is established inside US-American clinics during gestational surrogacy and egg donation, Thompson (2005:166) concludes that surrogate mothers' lack of procreative intent allowed these women to relinquish the surrogacy child. Findings from the above studies from the UK, USA and Israel are consistent with Thompson (2005).

In their phenomenological study with eight gestational surrogates in Iran, Tehran et al. (2014:475) found that "all participants stated that they tried to have no motherhood feeling to the child inside their womb." While this suggests that the women employed certain strategies to avoid or defer bonding with the foetus, the authors unfortunately fail to provide insight into *how* these surrogate mothers *tried* and achieved their endeavour.

In her ethnography on surrogacy in Israel, Teman (2003a, 2010) offers more insight into the process of how the surrogate mothers managed to achieve detachment. According to Teman (2010:44), Israeli surrogate mothers first employed a number of detachment metaphors, "seemed to strategically search for signs of otherness to maintain their classification of the pregnancy as unnatural" and used this otherness "to stress their distance from the role and identity of mother." Internalising and instrumentalising the medicalization of the surrogacy pregnancy supported disconnection. Secondly, Israel allows only gestational surrogacy and surrogate

mothers emphasised the absence of genetic links with the surrogacy child (Teman 2010:136). The Israeli surrogate mothers further drew and operationalized a body map that selectively depersonalises the uterus "as a boundary-policing tool" (Teman 2010:75) as a strategy of emotion management to keep uterus and commissioned pregnancy from "intermingling with personalised areas such as heart and blood" (Teman 2010:55). Canadian surrogate mothers also chose the imaginary and language of 'boundaries' to foster detachment, and explained that leaving no doubt about *who* the baby's mother/parent is (i.e. not the surrogate mother) marks the surrogate mother as being a *good* surrogate mother (Fisher and Hoskins 2013).

In the context of India (though without giving precise figures, as this was not the scope of her ethnographic work) Rudrappa accounts for how some surrogate mothers in Bangalore, India, grieved over relinquishing the child (Rudrappa 2015:60) and "*worked* hard to be unsentimental and distanced [themselves from the children they birthed]" (Rudrappa 2015:72). Likewise, Pande (2009, 2014) illustrates Indian surrogate mothers' grief over parting from the child, especially after having breastfed. The Indian surrogate mothers in her sample had a different understanding of 'blood ties' than the Israeli surrogate mothers. While the Israeli surrogate mothers emphasized that they and the surrogacy child did not share a blood system, but were attached via placenta and umbilical cord, the Indian women conceptualised substantial blood ties[6] (Pande 2014:148). According to the Centre for Social Research in New Delhi (CSR 2017:255), "44 per cent of the respondents in Delhi and 46 per cent in Mumbai stated that relinquishing the baby was the worst part," even though all stated that they did not feel a special bond towards the child. In Thailand the gestational bond is regarded as stronger than a genetic link, as kinship is culturally defined by gestation (Whittaker 2016b). Empirical scholarship on surrogacy in Thailand is still emerging (Whittaker 2014; Whittaker and Speier 2010), so surrogate mothers' experiences of relinquishment remains to be explored.

[6] Pande (2014:152) also interprets the women's kin ties forged through blood and sweat as a challenge to patriliny.

Extensive searches found no empirical research-based publications on the surrogate mothers in Russia bond or detach from the surrogacy child. Drawing on Russian print media discourse analysis, Tkach (2009) concludes that surrogate mothers deny and reject kinship bonds on the basis of genetic un-relatedness. In my MSc thesis (Weis 2013), I have argued that rejecting kinship bonds allowed surrogate mothers in Russia to conceptualise the gestation of a genetically unrelated child not as 'baby selling', but as their job, which consisted of providing a service of nurturance and gestation.

This review of the empirical research on how surrogate mothers cope with bonding, detachment and the child's relinquishment shows that the majority of women experienced detachment as a process and resorted to cultural notions of kinship to manage their emotions. Comparing the accounts of women in the UK, USA, Israel, Thailand and India further shows that these cultural notions of kinship vary and therefore provide the women with different frames. No empirical research on these aspects exists in the context of Russia or any other former Soviet country. My research will address this gap by exploring how surrogacy workers in Russia conceptualise the relationship with the child they gestate.

2.4 Framing surrogacy in the cultural discourse

As I indicated in the introductory chapter, surrogacy remains controversial, and cultural framings and public attitudes towards surrogacy vary. In this section, I review the accounts of the way surrogate mothers themselves understand their role in surrogacy arrangements. This was a common research subject in interview-based and ethnographic studies, which is why this section does not include survey-based quantitative studies. I present these findings organised in the main themes that emerged from the thematic review: firstly, surrogacy as a gift and a 'labour of love', secondly, surrogacy as a sacrifice, and thirdly, surrogacy as a business transaction.

2.4.1 Surrogacy as a gift and a 'labour of love'

One surrogacy narrative and framing by surrogate mothers is that of surrogacy as 'a (priceless) gift' and closely-interlinked with surrogacy as a 'labour of love'. The 'surrogacy as a gift' narrative, whereby surrogacy is perceived as a gift that surrogate mothers offer to intending parents, prevails in the USA and Israel, and describes three different ways in which surrogacy becomes a gift (Berend 2016b, 2016c, 2016a; Jacobson 2016a; Ragone 1994, 1996, 1999; Smietana 2017b; Teman 2010). In India, on the other hand, a different kind of gift narrative exists: surrogate mothers do not see themselves as the gift givers but recipients of a gift. Surrogacy becomes a gift in form of an opportunity bestowed upon the surrogate mothers to be able to make money (Pande 2011; Vora 2010).

In the first gift narrative prevalent in the USA and Israel, the child becomes the surrogate mothers' gift to the intending parents (Ragone 1994:59; 1996; 1999; Smietana 2017b; Teman 2010) as children are believed to be priceless (Zelizer 1988). In the second gift narrative, the surrogate mothers give the gift of parenthood to the intending parents (Berend 2016; Teman 2010). Finally, the third gift is the surrogate mother's sacrifice and the risks to her own life (and thus to the well-being of her own family) in order to make the first two kinds of gifts (Berend 2016a, 2016b; Ragone 1994:62). All these distinctly different framings of surrogacy as a gift from the surrogate mothers to the intending parents aim to raise the status of surrogacy from a commercial market transaction to a more meaningful exchange. Jacobson (2016) found that, in order to emphasise the meaningfulness of the gift and that surrogacy is more than a financial transaction, surrogate mothers described surrogacy as a 'labour of love.' Therefore they foreground altruistic motivations; they reckon the financial gain through surrogacy against the total hours of gestation and conclude that the 'hourly wage' is below minimum wage and therefore not enough to act as an incentive. Instead, their incentive is to 'do good'. These arguments elevate the surrogate mother into a morally superior position compared to a woman whose motivation is financial as well as to a woman who rejects surrogacy. In the USA, commercial surrogacy agencies reinforced the gift narrative and the notion of surrogate mothers performing a 'labour of love' (Jacobson 2016). To qualify, "surrogates must appear to be givers, with pure

hearts and clear hearts (…) [and] think of their surrogacy efforts as jobs (taking surrogacy seriously and complying with instructions) but not as work (they must see surrogacy as heart-warming caregiving, not a source of profit)" (Jacobson 2016:41; see also Aigen 1996). Jacobson (2016:62) concluded that "the obscuring of surrogacy as work is important to the surrogacy community", but she failed to provide insight into whether all the surrogate mothers in her sample agreed with this statement and what divergent opinions existed.

The fourth trope of the gift narrative is applied in India, where Pande (2011) shows that surrogate mothers did not see or present themselves as gift-givers, but presented and were instructed to see surrogacy as a 'gift of god', namely "god's gift to needy but not greedy mothers" (Pande 2011:621; see also Majumdar 2014; Rudrappa and Collins 2015; Vora 2010). In this gift narrative, surrogate mothers are instructed to see surrogacy as a gift that allows them to earn money to care for their families.

2.4.2 Surrogacy as a sacrifice

Teman (2010), who conducted ethnographic research in Israel, found the surrogates commonly invoked military tropes and framed surrogacy as a sacrifice. Teman explains that as Jewish-Israeli citizens are subject to mandatory military service, military language is a popular cultural script that has entered surrogacy narratives. Teman's (2010:255) participants' "heroic narrative culminates at the point when even the risk of death becomes worth the reward." Teman emphasises that Israeli surrogate mothers rejected the maternal sacrifice narrative; instead, their accounts echoed "glorious takes of soldiers in battle, which have been disseminated on a national level through military-associated ritual and myth since the birth of the country." Also the 33 US-American military spouse surrogate mothers that Ziff (2014, 2017) sampled for her interview study, to investigate the claim that military spouses made 'ideal surrogates', framed their surrogacy pregnancies as a sacrifice and spoke of them as "mommy deployment" (Ziff 2017:1). Yet while Israeli surrogate mothers professed their surrogacy pregnancies to be a sacrifice for their intending parents and to their nation

to maintain the Jewish population, Ziff (2017:13) found that US-American 'military surrogates' "framed [surrogacy] solely as a sacrifice for their [intending parents] and family unit that was being created, which echoes the American emphasis on the family unit."

2.4.3 Surrogacy as a business transaction

As was pointed out earlier, empirical research on surrogacy in Russia is scarce. In my pioneering ethnographic research on commercial surrogacy in St Petersburg, Russia, undertaken in 2012-2013, I am among the first to discuss the cultural framing of surrogacy in Russia as that of a business transaction (Weis 2013, 2015). Published at the same time, Rivkin-Fish (2013:578) argues that surrogate mothers' and intending mothers' online forum posts "reflect Russia's cultural framing of surrogacy as an economic exchange." Drawing on preliminary research findings, Siegl (2015), a doctoral researcher on surrogacy in Moscow, also describes the relationships between Russian surrogate mothers and their 'intended parents' [*Wunscheltern*] as 'economic' and 'businesslike' and substantiates her argument by drawing on my unpublished MSc dissertation. Siegl (2015) published her findings in a German-language, non-peer-reviewed journal.

Summary

Just as I showed how surrogate mothers' motives and expectations regarding the relationship with the intending parents is culturally framed, the narratives of surrogate mothers from the USA, India, Israel and Russia shows that different narratives and cultural framings of surrogacy prevail in different countries with different local cultural and religious values. The gift narrative, whereby the surrogate mother is the gift-giver, is prevalent in the USA and in Israel. In both countries, surrogacy is a commercial enterprise and the gift narratives employed to decommercialise the arrangement and

foreground altruistic motivation instead. Besides a 'real gift' being priceless, gift-giving further implies reciprocity. Teman (2010:212) poignantly illustrated how surrogate mothers wanted an acknowledgement equivalent to what they had given, and saw this potential in an ongoing relationship. In India, the narrative whereby the surrogate mother is the gifted instead of the gift-giver is "systematic to and constitutive of" (Rudrappa and Collins 2015:956) the moral frame that upholds exploitative transnational surrogacy arrangements. Israeli and military spouse surrogate mothers in the US also evoked military narratives and depicted surrogacy as a heroic deed and sacrifice. Finally, in Russia, the narrative of surrogacy as an economic exchange emerges.

The narratives show that surrogate mothers make sense of the meaning of surrogacy within their cultural script. The framings of surrogacy differ significantly, despite surrogacy being organised as a commercial enterprise in all the countries listed above. In my pioneering empirical research on surrogacy arrangements in Russia I have suggested that surrogacy is culturally framed as a business transaction. More research is needed to understand how this economic framing shapes and is shaped by surrogate mothers' understanding of surrogacy. With this doctoral research I expand on my previous findings and explore the impact that Russia's cultural framing has on the way surrogacy is socially organised in Russia.

2.5 Surrogate mothers' mobility during pregnancy

While intending parents' mobility, in particular in transnational surrogacy arrangements, has been the focus of many empirical studies (Deomampo 2013, 2016; Murphy 2013; Pande 2011, 2014; Riggs and Due 2010; Riggs et al. 2014; Rudrappa 2010, 2015; Rudrappa and Collins 2015; Saravanan 2013; Schurr 2016; Smietana 2017a, 2017b; Whittaker 2016a) the mobility of surrogate mothers has received only marginal attention. However, attentive reading of the existing literature provides evidence that many surrogate mothers are highly mobile in order to fulfil their contractual requirements.

In the USA, Hohman and Hagan (2001:69) mention "geographical separations" between surrogate mothers and intending parents, but do not give insight into who travels to overcome these separations. Jacobson (2016:24) accounts for an unbalanced clustering of clinics and that surrogate mothers therefore travelled for embryo transfers and possibly other procedures; some of them took their families with them on 'minivacations', while others were ordered to have transfer-related bed rest and no visitors at that time (2016:133). In her cyber-ethnography, Berend (2016:32) recounts that "in some instances SMO [SurroMomsOnline]-ers offered a room to a fellow surrogate who travelled for embryo transfer" and shared travel experience and advice (Berend 2016:214-215). Despite the evidence, neither Jacobson nor Berend address travelling surrogates explicitly or give insight into how these surrogate mothers experienced their (required) journeys and made arrangements for their families.

In the context of Anand, India, Pande (2014:138) mentions Divya, a woman who travelled from a distant metropolitan area to Anand in order to become a surrogate mother. Pande further accounts how Divya pointed out her college education and that she felt endowed with higher negotiation power than local women from nearby villages, who highly likely had enjoyed less education. While Pande describes Divya as an exceptional case, it is ambiguous whether she really is, or whether women from surrounding rural areas or other towns come to Anand for surrogacy, but maybe do no not seek out the clinic where Pande conducted her research – after all, Anand is "regarded as ground zero for Indian surrogacy" (Rudrappa 2017). Furthermore, when India issued the prohibition against gay intending parents, Indian surrogate mothers crossed the border into Nepal to work for gay intending parents. However, despite news reportage over this phenomenon (Abrams 2016; Kamin 2015), no empirical research has investigated surrogate mothers' transnational reproductive travel.

As mentioned before in the introductory chapter, in my previous ethnographic research on surrogacy in St Petersburg (Weis 2013) I became aware of the significant numbers of non-local surrogate mothers. They came from across Russia as well as from the Ukraine, Belarus and Moldova. Siegl (2015:105) mentions that all ten surrogate mothers in her sample were not locals to Moscow, but came from other regions in

Russia, the Ukraine, Belarus or Central Asian countries and "depending on their arrangement, they [spent] the duration of the pregnancy in the capital or in their hometown." Yet, Siegl does not address this fact any further.

Reviewing existing literature has shown that the phenomenon of mobile surrogate mothers has been explored neither in Russia nor elsewhere, despite the evidence of surrogate mothers relocating or travelling. My intended focus on surrogate mothers' experiences of mobility addresses this significant gap in the literature.

2.6 The role of surrogate mothers' ethnicity and race in surrogacy arrangements

The major share of scholarly work on the role of race and ethnicity in surrogacy arrangements has been commentary (see for instance Allen 1991; Corea 1986; Grayson 1998; Rothman 1988; Twine 2011). Due to the lack of analysis based on empirical data, this review on the role of race and ethnicity additionally draws on commentary work to frame the lack of empirically-based insights.

In the 1980s, when commercial surrogacy emerged, Rothman (1988:23) poignantly pointed at the intersectionality of sex, class and race and thus new risks of exploitation for women of colour through gestational surrogacy:

> Women with money and power can exercise their rights of "paternity," declaring ownership of a baby grown of their seed in another woman's body, in a "rented uterus". Here is where we go beyond sex and class and have to deal with issues of race as well: such a "rented uterus" need not be of the same race as the fetus she bears. And so we have the spectre of women of color—the same women who push white babies in their strollers, white elderly in their wheelchairs—growing white people's babies for them, for a fee.

Black feminist Allen (1991:17) argued that White women employing Black surrogate mothers constitutes an extension of historical racial hierarchies, of "whites owning Black women's wombs," with poor Black women becoming a "surrogate class" for affluent White women and other economically privileged women. Twine (2011, 2017) and Harrison (2016) have extended Allen's argument to transnational surrogacy arrangements between predominantly Northern American and European intending parents and surrogate mothers in India and other countries in South Asia.

Considering the body of commentary literature, it is surprising that the role of surrogate mothers' ethnicity and race remains a marginal focus in empirical research. The majority of empirical research in the USA, despite accounting for an ethnically heterogeneous sample, has not problematized the role of ethnicity and race at all (Aigen 1996; Berend 2016; Jacobson 2016; Ragone 1994; Ziff 2017). In UK-based empirical research (Blyth 1994; Imrie and Jadva 2014; Jadva et al. 2003; van den Akker 2003), the researchers have not even provided insight into the ethnic composition of their sample. Jacobson (2016), for instance, only indicates that the lack of statistics over surrogacy in the USA prevented her from making claims over the representativeness of her sample (28 surrogate mothers who self-identified as 'Caucasian', two as Hispanic and one as African American). She suggests that "the field of surrogacy in the United States (…) is largely the terrain of white women" (Jacobson 2016:48). Smietana (2017b) on the other hand, who sampled 20 surrogate mothers at the USA west coast, who all described themselves as white, accounts for the difficulties he faced in recruiting non-white participants. He reflects that the difficulties "may be indicative of the racialised and classed nature of the USA fertility industry (…) [as] the percentage of white population in California in 2015 corresponded to only 38 per cent, and 77 per cent in Oregon (Smietana 2017b:3.3)."

Ragone (2000:65) found that "approximately 30% of all gestational surrogacy arrangements at the largest program now involve surrogates and couples matched from different racial, ethnic and cultural background," and that African-American surrogate mothers preferred to carry White babies, as the difference of their appearance reinforced their un-relatedness. That in turn, made them 'ideal' surrogate mothers for White intending parents. As Roberts (1995) pointed out, Black surrogate mothers were less likely to litigate the surrogacy contract for the reason that in previous legal cases involving Black surrogate mothers and White intending parents, the judge ruled in favour of the intending parents. Ragone's work does not give insights into what basis intending parents chose or rejected the option to work with a surrogate mother of different race or ethnicity.

In India, Banerjee (2014) and Pande (2014:157-161) have found that (transnational) intending parents preferred 'fairer-skinned' surrogate mothers, but did not make that preference mandatory. Other ethnographic work on transnational and cross-racial surrogacy in India (Deomampo 2016; Kroløkke and Pant 2012) and Mexico (Schurr 2016) has addressed race and ethnicity in the wider context of egg donation and found "a racialized division of reproductive labor between white(r) egg donors and non-white surrogate mothers" (Schurr 2016:2).

This review shows that empirical research on the role of ethnicity and race in surrogacy arrangements is limited. Jacobson (2016) even contended that surrogacy is largely the 'terrain of Whiteness'. With the exception of Ragone's (2000) and Smietana's (2017b) work, the views and experiences of Black or other non-white surrogate mothers who gestate genetically unrelated babies for White intending parents (or intending parents of another ethnicity), are missing.

These shortcomings in the troubling role race and ethnicity appear to play in surrogacy demand a further exploration of the 'terrain of Whiteness' and make these alleged exceptions of non-white women buying and selling surrogacy gestation the new frontiers of empirical research. With my research into the ethnic stratifications of surrogacy in Russia, I explore who buys and who sells, and how these actors relate to each other in relation to their ethnic/racial identity, and I contribute to addressing this gap.

2.7 Summary

This chapter has provided a critical review of the existing empirical literature on the experiences of surrogate mothers. The review shows that women's motivation to become surrogate mothers, their expectations regarding the relationships with their intending parents and their expectations regarding the relationship to the surrogacy child, differ from country to country. Their motivations and expectations are embedded in local cultural frames that are invoked to express one's motivation and make meaning of surrogacy and one's own experience. The current body of empirical literature is predominantly based on research in the UK, Israel, US and India. Empirical

research-based publications on surrogacy arrangements in Russia are rare and contain empirical limitations. Furthermore, there has not yet been any comprehensive empirical work that has explored the cultural framing of surrogacy in Russia and how the cultural framing influences the social organisation. In my MSc dissertation I suggested that surrogacy in Russia is framed as an economic exchange and I intend to expand on these initial findings in this doctoral dissertation.

Researchers working with survey-based quantitative and cross-sectional qualitative interview studies have attempted to categorise women's motivation to become surrogate mothers into clear-cut categories (Aigen 1996; Braverman and Corson 2002; Hohman and Hagan 2001: Jadva et al. 2003; van den Akker 2003; Pashmi et al. 2010); they came to the conclusion that first, women's motivation was manifold, and secondly that altruistic and financial motives were not mutually exclusive. Furthermore, they presented their findings in a descriptive manner and without contextualisation of the social circumstances of the women's decisions. Ethnographers (Jacobson 2016; Pande 2014; Rudrappa 2015), because of their approach of conducting in-depth research over an extended period of time and triangulating data collection methods, have been able to locate women's motivation and decision-making process in their socio-economic circumstances and been able to provide better and more analytical insight. In the context of Russia, Svitnev's (2013) survey-based study, which was hampered by methodological shortcomings, is the only study on surrogate mothers' motivation at present. With my thesis, I therefore address these limitations on understandings surrogate mothers' motivation and further address the geographic gap. Inspired by the insights gained from the ethnographic work reviewed here, I explore both *why* and *how* women decided to become surrogate mothers in Russia, hereby taking into consideration that motivation and decision-making is embedded in women's wider social context.

The empirical literature on the relationships between surrogate mothers and intending parents shows that the majority of surrogate mothers expected to engage in relationships with their intending parents and considered fostering a relationship as a marker of achievement and satisfaction. Yet, while establishing a relationship served to

de-commercialize the contractual arrangement in the USA and Israel (Berend 2016; Jacobson 2016; Ragone 1994; Smietana 2017b; Teman 2010), forging a relationship was a strategy to obtain greater (material) gain after the surrogacy arrangement was completed in India (Pande 2014). There has not been any work on the relationships between surrogate mothers and intending parents in the context of Russia. Furthermore, it remains unanswered whether all surrogate mothers strive for relationships and whether all terminated relationships result in initial disappointment. I address both gaps in knowledge in this study.

Reviewing the empirical research on surrogate mothers' relationships with the child and coping strategies for detachment and relinquishment has shown that detachment is a process and surrogate mothers resorted to cultural notions of kinship to manage their emotions. Comparing the accounts of women in the UK (van den Akker 2003), USA (Berend 2016; Ragone 1994; Roberts 1998), Canada (Fisher and Hoskins 2013), Israel (Teman 2010), Thailand (Whittaker 2016) and India (Pande 2014) shows how cultural notions of kinship varied and provided the women with different frames. The absence of any empirical research in the context of Russia constitutes a further significant gap that I address with my research.

The review further has shown that while intending parents' mobility has received much scholarly attention, surrogate mothers' mobility, such as travelling for surrogacy appointments, despite researchers' awareness, has not received explicit attention. This constitutes a significant gap. I address this gap in this study by exploring how the markets in surrogacy in Russia depend on and drive surrogate mothers' mobility, and how these surrogate mothers experience this mobility.

Finally, this review has identified that the role of race and ethnicity is under-researched in the empirical approach. While academic commentary provides much insight to theorise women's experiences of ethnic and racial stratification, more empirical research is needed to explore surrogate mothers' own experiences and how ethnic and racial differences are perceived and are a significant determinant in the markets of surrogacy. I add to this growing literature by exploring ethnic stratifications

in the Russian surrogacy markets, who buys and who sells, and how these actors relate to each other in relation to their ethnic/racial identity.

After discussing the existing literature, the following chapter introduces my methodological framework.

3 Methodology

In this chapter, I present my epistemological and methodological approach. I begin by discussing how and why ethnography was chosen as my methodological approach and the epistemological considerations that informed my choice. Then I introduce the research site and methods, delineate my recruitment process for research sites and participants, and explain how I sought and obtained informed and voluntary consent. Next, I introduce my research participants and account for my data analysis. Finally, I discuss my research ethics[7] and the measures I have taken to ensure rigour and quality in my research.

3.1 Choosing the ethnographic approach

At the conception of every research project, the researcher is faced with the decision of which methodology and methods for data collection are most suitable to answer the research questions. Research methodology can be seen as a toolbox and research methods as tools, which, if well selected and used properly, facilitate answering the research questions. Every well-equipped toolbox best serves different research objectives and lends itself differently to researchers with different epistemological standpoints. The right choice of one's research toolbox is paramount to achieve the desired result and answer the research questions.

To remind the reader of my research main questions:

- How is commercial gestational surrogacy socially organised in St Petersburg and what are the roles of the key actors?

- How do surrogacy workers experience carrying commissioned pregnancies?

To answer these questions, I needed a methodology that first allowed me to explore individual, highly personal and subjective experiences and possibly multiple truths.

[7] I address further ethical considerations and choices, limitations of the ethnographic approach, the role of emotions in the generation of knowledge, and limitations and gaps in my findings in chapter 9.

This can be summarised into four main criteria. First, I needed to explore the wider social setting, and locate individual experience within this context. Secondly, I needed to be able to observe interactions between involved actors. Thirdly, I needed to be able to triangulate my methods and data. Finally, given the small scale of surrogacy arrangements in comparison to regular birth (see chapter 4) and possible difficulties in participant recruitment and access, I needed a methodology that is effective with a small sample and that allows a flexible approach to recruitment and data collection. My chosen methodological approach therefore was the ethnographic approach, as it is a systematic, contextual, interpersonal and multi-method approach to gaining knowledge by exploring the particular social phenomenon through observation, interaction and communication with the research participants over a prolonged period of time (Agar 2004; Creswell 2007:68-72; Stacey 1988).

Ethnography is "based on epistemological tenets of verstehen and interpretivism" (Pole and Morrison 2003:8). Epistemology asks *how* we know what we know. To understand individuals' experiences, the ethnographic approach rejects the positivist orientation of a clear division between the investigator and the studied subject (Whitehead 2002). Rather than 'studying' something or someone, the ethnographer *learns* from the people involved, from the people who know, who do, who feel or who are the social phenomenon in question (Spradley 1979). Learning from someone implies interaction, not separation. This is at the core of ethnographic research: the "first-hand participation in some initially unfamiliar social world" (Emerson et al. 1995:1) to gain emic understanding and holistic knowledge from the individuals involved, in the way they themselves understand, interpret and act in accordance. Combs (2012:247) points out the idiosyncratic nature of ethnographic research when stating "[The] researcher literally becomes both part of the field that he or she is studying, and the medium through which the studying occurs." Hence, the central philosophical principles of ethnographic research include learning by discovery, reflexivity, awareness of the researcher's own positionality, differences of power and knowledge in the researcher-participant-relationship and the impact of the self on the research process (LeCompte and Goetz 1982; Ackerly and True 2008; Wilson and

Chaddha 2009). Therefore, I have complemented my ethnographic approach by drawing upon feminist epistemological principles, notably the feminist rejection of the positivist tradition of "[seeing emotions] as distorting or impeding observation or knowledge" (Jaggar 1989:155). Instead, I embrace the inclusion of emotions as "[making] a valuable contribution to knowledge" (Jaggar 1989:155). In 'Women and Rape', Roberts (1989) powerfully argues for using emotions as a source of knowledge. She explains that "There is nothing which can make an understanding of rape less subjective or partial... I am not outside or aloof from the subject, because I am involved in a relationship with the woman who is sharing her account, and do not remain unaffected by it" (Roberts 1989:45). To fully understand a participant's experience comprises listening and feeling. Therefore, I made researching participants' emotions and my own personal emotional response to them object of my research, and my critical reflection and analysis of my experiences have informed every part of this ethnographic account (see chapter 9). The research has been further inspired by the feminist research paradigm of seeking mutuality of research benefits by being non-exploitative, and rather, empowering the research participants by engaging them in the research process and sharing knowledge (Watts 2006).

Further, the ethnographic approach is flexible. While there is a research design, it also allows the necessary openness to adapt to unpredictable on-site changes (Brewer 2000:103). Common criticisms of ethnography are that the subjective collection and selection of data and subjective representation of the findings in writing (LeCompte and Goetz 1982). To tackle this critique, I, the ethnographer make myself visible in the writing. That includes giving an account of my relationships with the research participants, my own background and the participants' response to me, because "an ethnographer *has* to accept that he or she is *part of* the data (…). Telling a story that you were part of makes more sense than telling a story and pretending you weren't there" (Agar 2004:20).

Overall, I regard the ethnographic approach the most suitable for meeting my research aim and objectives, as it is flexible, yet at the same time robust enough to encompass

the messiness and complexity of social reality. It is suitable for a small-scale sample and allows the incorporation of the researcher's emotional experience as a source of knowledge. Finally, it draws on multiple methods, in my case including (participant) observation, informal interaction and semi-structured interviews, and the collation of ethnographic and emotion fieldnotes.

In the following sections, I first provide insight into my research site and context, and then explain my choice and use of the above listed methods.

3.2 Research site and description of context

The main research site was St Petersburg, in the north-west of Russia at the Neva estuary at the Baltic Sea. With a population of over 5 million, St Petersburg is Russia's second largest city. It is also the world's northernmost city to have a population exceeding a million. Once the imperial capital of the Tsarist Empire, St Petersburg today is valued as Russia's cultural capital. St Petersburg was the birthplace of commercial gestational surrogacy in Russia in 1995 and, along with Moscow, hosts the largest Russian market for assisted reproduction.

In St Petersburg, the research sites for my fieldwork included private fertility clinics, gynaecological/obstetric units, state maternity hospitals, civil registries and surrogacy agency premises. In section 3.4.1, I provide a detailed description of how I gained access to and recruited these sites, and how I used them to find participants. The social organisation of surrogacy – and thus my participant sample - involves various groups of people; first, the surrogacy workers who provide the service of gestational surrogacy for financial remuneration; secondly, the client parents who sought to achieve parenthood via surrogacy; third, surrogacy agency staff; fourth, medical staff; and finally, lawyers and administrative staff. In section 3.6, I provide a detailed description of this sample. As I describe in more detail in chapter 4, commercial gestational surrogacy in Russia, though legal and practiced for over two decades, is still treated in a highly discreet and often secretive manner. Fertility clinics and agencies cautiously protected their clientele's privacy, and surrogacy workers preferred privacy to obviate

negative judgement. Given these prerequisites, the recruitment of research sites and participants and data collection needed a versatile and flexible method, which the ethnographic approach provides.

3.3 Data collection methods – rationales and description of use

My methods of ethnographic research, in line with the nature of this approach, were multi-faceted, including semi-structured interviews, real life and online observations, face-to-face and digitally mediated conversations, and ethnographic fieldnotes. Combining interviewing, observing, everyday interaction and conversations and reflecting upon one's own process of learning and understanding, these methods informed each other and created data rich in quality and thick in quantity (Fusch and Ness 2015). Below I discuss the rationale for and use of the methods in this study.

3.3.1 Semi-structured interviews

Semi-structured interviews were my chosen approach for interviewing research participants across my sample. Semi-structuring an interview means that while the researcher predetermines a set of questions to ask during the interview, there is no mandatory order and new lines of enquiry can be pursued as they arise and when relevant. This allows the researcher to explore new themes and capture unanticipated additional data (Bryman 2012:470). The semi-structured interview sits between the unstructured ethnographic interview and the structured interview approach. The ethnographic interview is more like a conversation to gain insider knowledge, with strong tendencies to 'wander off' in exploring the offered knowledge which makes comparison difficult, whereas the structured interview offers itself for comparison, yet takes the risk of missing insights by adhering to the pre-planned structure (Bryman 2012:193; Leech 2002). The semi-structured interview approach strikes a balance between both ends of the interview continuum.

In my approach to participant interviewing, I used semi-structured interviewing, combined with what Spradley (1979) describes as 'grand tour questions', asking interview partners to give a 'verbal tour' of what they know well. In addition, I asked example questions and probing questions, and gave prompts in order to elicit the narration of experiences. With participants who I interviewed multiple times, in subsequent interviews, the interview style shifted more to ethnographic interviewing. The interview became more conversational and I "[fielded] questions from the participants" (Davis and Craven 2016:87). Inspired by the feminist practise of interviewing, I was particularly concerned about establishing a non-hierarchical and non-exploitative relationship with my interview partners (Hesse-Biber 2007). The course of the interview, its degree of in/formality, the emotions conveyed or restrained and the interaction between the interview partners all contain valuable additional information (Hammersley and Atkinson 2007:108-109), and I paid close attention to this non-verbal communication and captured it in my ethnographic fieldnotes (see below).

I used the method of semi-structured interviewing 52 times with 43 participants. This included 19 surrogacy workers, six client parents, nine agency staff and nine medical staff. I interviewed surrogacy workers and client parents at different stages of their participation in the surrogacy programme, ranging from the stage of searching for client parents, to during pregnancy, or after the birth. My sample includes two surrogacy workers who experienced a miscarriage[8] and one client mother who worked with one of these surrogacy workers. In figure 3.1 below, I provide an overview over the number of interviews per participant group, the interview language and the mode in which the interview was conducted. With three surrogacy workers and one client mother, I recorded follow-up interviews. I conducted 46 interviews face-to-face, four interviews via Skype and one each via phone and online chat.[9]

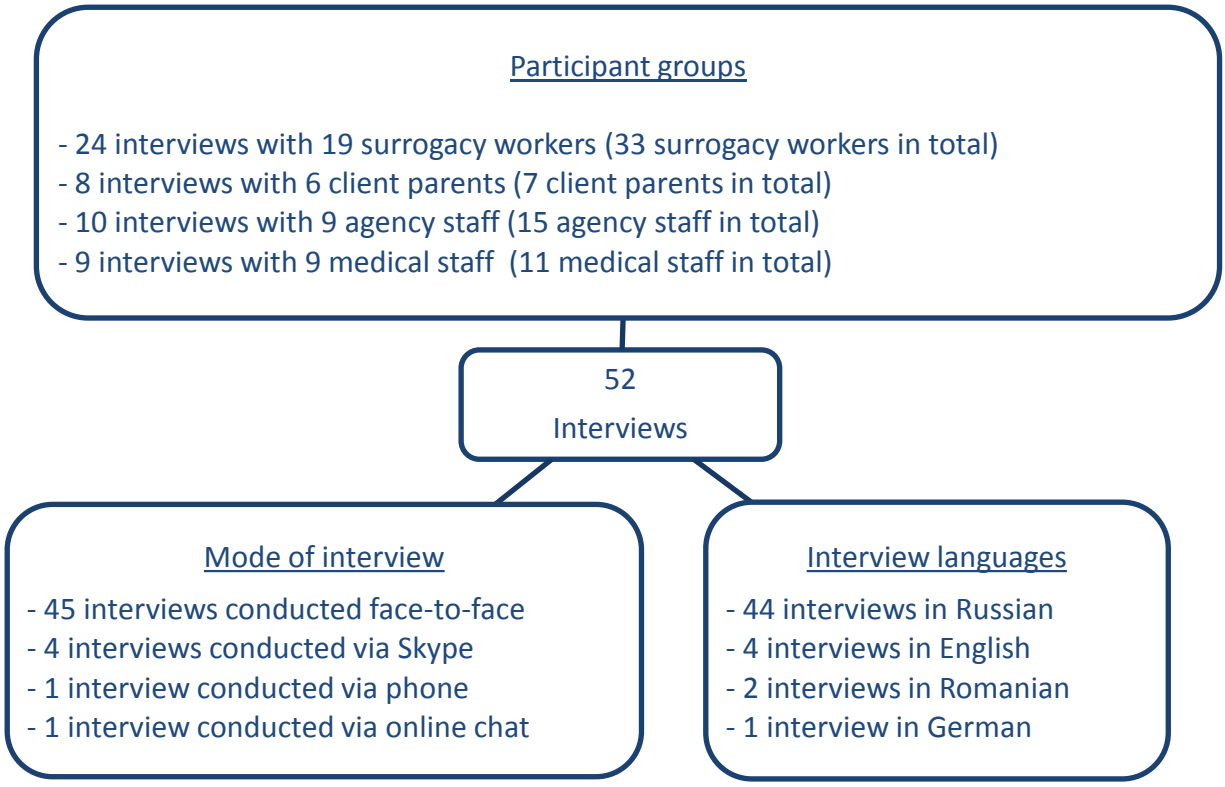
Russian was the main research language. Although not a native speaker, I felt confident to conduct interviews by myself without the help of a translator. Missing a

[8] During my research period.

[9] In the cases of non face-to-face interviews, the surrogacy workers were not in St Petersburg at the time of the interview and that respective mode of interview was most convenient for them.

word in Russian every now and then during an interview, and asking for repetition or further explanation, proved to be advantageous in eliciting more detailed answers. By conducting interviews by myself, I also avoided the risk of question or answer distortion (Temple and Young 2004:171).

Figure 3.1, Overview of interviews with research participants



3.3.2 Ethnographic observations

The ethnographic tool of (participant) observation is an interpretative approach to learning and collecting data about a social world through immersion (Goffman 1989). The spectrum of observation reaches from pure observation to full immersion (Atkinson and Hammersley 1994:248). Unless observations are carried out covertly, the researcher's presence in the setting is noticed by others and consequently, even if

minimally, influences the setting. Gold's (1958:217) "participant-as-observer" approach best describes my main approach. 'Participant-as-observer' is defined as being "apart from the system" (Babchuk 1962:226) to observe it, while those observed are aware of the researcher role. A less frequent approach was non-participant observation, when present at a place of observation, but not involved (Junker 2004:224). Combining observation with interviewing is an appropriate approach to detect differences between verbal accounts and performance, and to access information that informants fail to verbalise. This combination enriches knowledge and helps discover discrepancies that can direct further investigation, because shame, deviance, illegality, lack of awareness and taking-for-granted are just a few reasons why someone may *say* one thing yet *do* another. As analysed by Goffman in his concept of performance, people might display diverging, even contradictory "on stage" and "back stage" behaviours (Meyrowitz 1990:69) and tailor their performance to the respectively present audience; backstage is "a space hidden from the audience and shared with others who perform the same or similar roles to the audience" (Meyrowitz 1990:69).

The observation focus usually changes over the course of ethnographic fieldwork as the researcher familiarises herself with the setting. For instance, the researcher may first focus on descriptive observation by "entering the field setting or situation with a goal of recording as much information as possible" (Whitehead 2005:11) to understand the context, and as the understanding of the context grows, add selective focus (Spradley 1979). In my research, I began with descriptive observations on the premises of participating clinics and agencies. These descriptive observations were predominantly of non-participant manner and helped me develop an eye for detail, such as the dynamics in the interaction between clients/patients and (medical) staff. When taking notes of such observations, I focused on the actions and deliberately omitted identifiable features of the individuals involved, in order to protect their anonymity. The following fieldnotes from October 2014 illustrate this.

> NewLife Fertility Clinic. Waiting for appointment. Two women take a seat next to me. One is significantly older, elegantly dressed, fingernails perfectly manicured. She led the conversation with the receptionist, and indicated where to sit. As she now hands the younger one each a package of Duphaston and Proginova [progesterone and oestrogen] she confirms my guess: a client mother and a surrogacy worker at their embryo transfer appointment.

Observations like this gave insight in the mode of conduct between client parents and surrogacy workers and informed my wider understanding of the social organisation of surrogacy. Later on in my fieldwork, as rapport with research participants grew, I was able to add to the selective observation focus by attending consultations, at the invitation of surrogacy workers and client mothers.

One example of a rich observation opportunity was when accompanying client mother Nadezhda[10] and her commuting surrogacy worker Ilya, who I met two weeks prior to their embryo transfer, to their 16 week scan in January 2015. The appointment was scheduled in the early afternoon at a private obstetric unit [*zhenskaya konsultatsiya*]. The three of us met at the nearest tube station to walk there together, which gave all of us the opportunity to catch up. Ilya came directly from the train station after a 17-hour train journey. Entering the consulting room, I realised quickly that though Nadezhda and Ilya were happy to have me present and observe their surrogacy journey, Nadezhda had not notified the doctor about the surrogacy arrangement. Instead, Ilya impersonated the 'mother' and Nadezhda her 'friend'. Upon the doctor's slightly displeased remark that a routine ultrasound 'is no cause to bring a whole army', Ilya confidently retorted that she decided to bring two friends. Leaving my field diary stowed in my backpack, so as not to give rise to questions, enabled uninterrupted, undivided attention to every detail of the examination: Nadezhda's excitement, holding her breath, white knuckles as she gripped the edge of her chair, the sparkle in her eyes as the image of the foetus appeared on screen, and her near-silent sigh of release when the doctor confirmed that everything was well. At the same time, Ilya was joking with the doctor over the desired sex of the child and asking

[10] All names are pseudonyms.

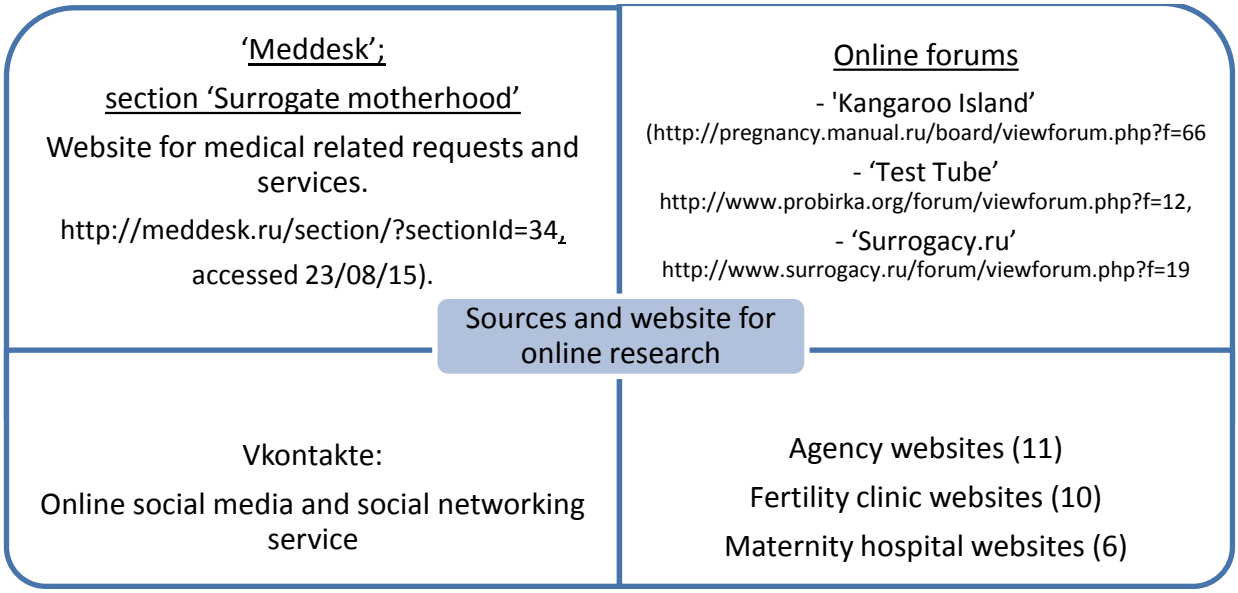
Nadezhda's questions by proxy. After the ultrasound, the doctor proceeded to take Ilya's blood sample, and announcing that 'it couldn't be less spectacular', she ushered me and Nadezhda to the waiting area. Here I feverishly began jotting my notes as Nadezhda first tried to call her husband, and when she couldn't reach him, began writing him a detailed report on WhatsApp.

I extended my observations to include publicly accessible surrogacy forums and online advertisements uploaded by (intending) surrogacy workers and client parents. Online research on forums raises ethical questions about users' informed and voluntary consent and whether forum posts can be treated as public property when no membership or login is required to access the content (Bryman 2012:654). For the purpose of my research I decided to treat personal stories shared in online forums and social networking groups as contextual data that informed my understanding of the social organisation, inspired questions for interviews and taught me the colloquial speech of surrogacy workers and client parents, but I did not use direct quotations from these sources in the thesis. Meanwhile I directly drew on general facts and numbers, such as prices for surrogacy arrangements, as the latter have been made available in the public domain to provide that information (Hewson et al. 2003:53).

To protect the anonymity and confidentiality of research sites and research participants (see below) I only indicate the number of visited websites without providing the web addresses.[11] See figure 3.2 for an overview of online sources and use.

[11] Website screenshots in the appendix are taken from websites of agencies that did not participate in this research.

Figure 3.2, Sources and website for online research



3.3.3 Conversations

Conducting ethnographic research, collecting data from interviews, conversations and observations is an interwoven process (O'Reilly 2012). Such conversations are often referred to as 'informal interviews' (Fetterman 2010:41), yet I regard this divide between informal and formal as blurry and misleading. It suggests that a formal interview (its parameters: a kept appointment, recording, a role division into interviewer and interviewee) is more accountable and thus more legitimate, and yet brief chats in everyday situations also provide valuable insights. During my research, I followed six surrogacy workers and two client parents along their successful and unsuccessful surrogacy arrangements. With these eight participants, I attended appointments, visited clinics, pharmacies and their homes, and, between scheduled interviews and appointments, conversed via phone calls, emails, text messages, and online chats. Participants were aware of ongoing data collection and gave their consent. With others, who I met only once or twice in person because they were commuting surrogacy workers or because their embryo transfer failed, or other circumstances led them to discontinue surrogacy work or participation in my research, I had shorter encounters, such as walking from a meeting point to a café, waiting

together, or accompanying them after a meeting. These shorter, often one-time encounters, offered me plenty of opportunity to converse and gain insights. Often participants made use of such opportunities to pose their questions to me or share their opinion on my research interest. Those questions and comments in response to my answers offered important cultural insights from which I developed questions for the semi-structured interviews (Haviland et al. 2013:358).

3.3.4 Ethnographic fieldnotes

Ethnographic fieldnotes essentially are written notes based on observations (Bryman 2012:417). They are central to the ethnographic method, turning "a passing event, which exists only in its own moment of occurrence, into an account, which exists in its inscription and can be reconsulted" (Geertz 1973:19 in Emerson et al. 2001:353). Ethnographic fieldnotes comprise as accurate as possible a description of the observed activity, including verbal snapshots, such as direct quotes and snippets of conversations, and drawings. Next, ethnographic fieldnotes contain reflections on what personal or external factors might have had influence on the observed activity, and emerging questions for further exploration in interviews and initial analytical thoughts (Clifford 1990; Lofland 2004; Gibson 2013). Clifford (1990:52) summarises this by defining fieldnotes as "a discrete textual corpus in some way produced by fieldwork and constituting a raw, or partly cooked, descriptive database for later generalisations, synthesis, and theoretical elaboration."

Whenever I used observations as instruments of data collection, I wrote them down in a fieldnote diary. Writing ethnographic fieldnotes was a meticulous, daily practice. I took most notes during observations. As Gibson (2013) and Lofland (2004) suggest, I tried to jot down conversations and statements verbatim. In order not to violate individuals' right to privacy, I only recorded details of individuals who were aware of these observations and who gave informed consent. When observations unintentionally included uninformed individuals on the grounds of their accidental presence at a scene (see 3.3.2 Ethnographic observations), I omitted their identifiable features. After leaving a scene of observations or interactions, I complemented the

notes with additional details, including the drawings of faces, dress, room design and maps. In a final step, I typed up all my notes for thematic analysis (see below). This process also involved reflection and further fine-tuning of the notes. In this process of writing ethnographic fieldnotes I desisted from editing previous notes, but accumulated further fieldnotes. This approach allowed me to document not only changes in the field, but also my personal process of immersion and learning (Blommaert and Jie 2010:39). Fieldnotes are subjective and constructed. Therefore, to minimise bias, I kept descriptive notes separate from analytical developments (Gibson 2013).

Complementary to ethnographic fieldnotes, I kept a diary on personal emotions. Emotions are omnipresent in qualitative research. Particularly in ethnographic research, where the researcher immerses herself into the social world of her research subject, it is inevitable to "[take] assumptions and emotions into and [generate] emotions in the field about the researched" (Holland 2007:204). I recorded when and how I felt angry, upset, disturbed, happy, anxious or worried about a person, situation or action, or the absence of the latter, and noted my tentative deliberations why that could have been the case, yet tried to do so without judging myself or my emotional response. Keeping this personal diary gave me the opportunity to document my own emotions, and the process of engaging with present emotions helped me to work through emotional fatigue (Watts 2008:4).

3.4 Recruitment of research sites and research participants

The recruitment process for this research consisted of recruitment of research sites, gatekeepers and research participants. For the recruitment of research participants, I used gatekeepers, snowball sampling and online sources. In this section, I outline these different approaches.

3.4.1 Research sites and recruitment of research sites

Research sites included medical units, agency premises and their administrative units. Private fertility clinics implement the initial steps of the surrogacy arrangements and

supervise surrogacy pregnancies, whilst gynaecological and obstetric units alternatively supervise surrogacy pregnancies, and maternity hospitals arrange the births. Agency premises included administrative offices and apartments where non-local surrogacy workers were accommodated. In civil registries and, in the case of foreign client parents, in consulates or embassies, client parents finalise their claim for parenthood by registering themselves as the surrogacy children's legal parents.

To succeed in recruiting research sites and gatekeepers I desisted from contacting medical units and agencies prior to my arrival in St Petersburg. My rationale for this was to avoid administrative staff intercepting and rejecting my request before it could even reach management or senior physicians. The resentment by front desk staff of my personal recruitment visit and requests to speak to (senior) staff involved in surrogacy arrangements confirmed my assumptions. Yet over the course of my research, I developed successful recruitment strategies. Below I account for the recruitment process of different research sites.

3.4.1.1 Medical units

3.4.1.1.1 Private fertility clinics

Numerous private fertility clinics operate in St Petersburg. As this research builds on my previous ethnographic MSc research, I was already familiar with seven fertility clinics that previously participated and therefore pursued two recruitment strategies. First, I re-visited six previously participating clinics.[12] Next, I visited new clinics. Figure 3.3 below provides an overview of the fertility clinics and recruitment outcome. All participating clinics have been anonymised.

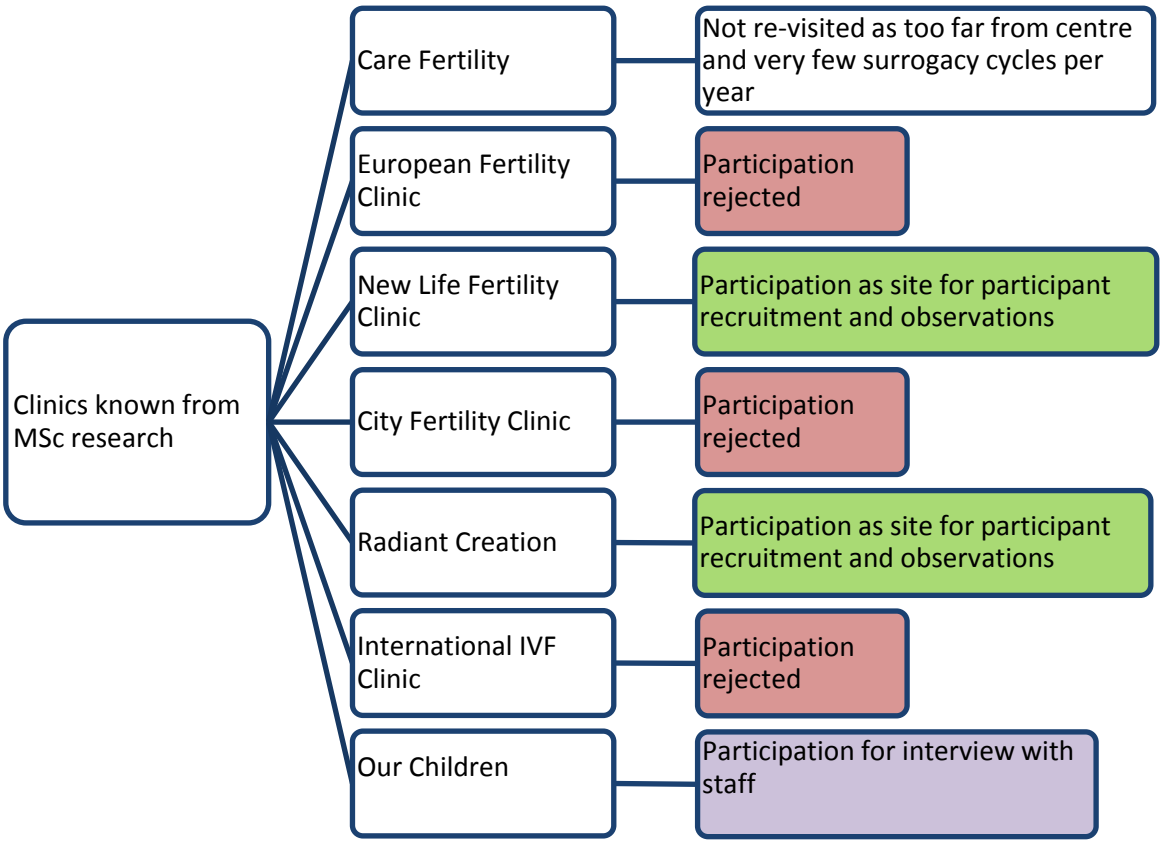
I selected six out of seven previously participating clinics based on previous successful research experience. In two of these clinics, previously participating senior doctors met my new participation request with support and enthusiasm. In the third clinic, the previously participating doctor had left, yet the new senior doctor agreed to my research on basis of his predecessor's endorsement. Finally, staff in the remaining

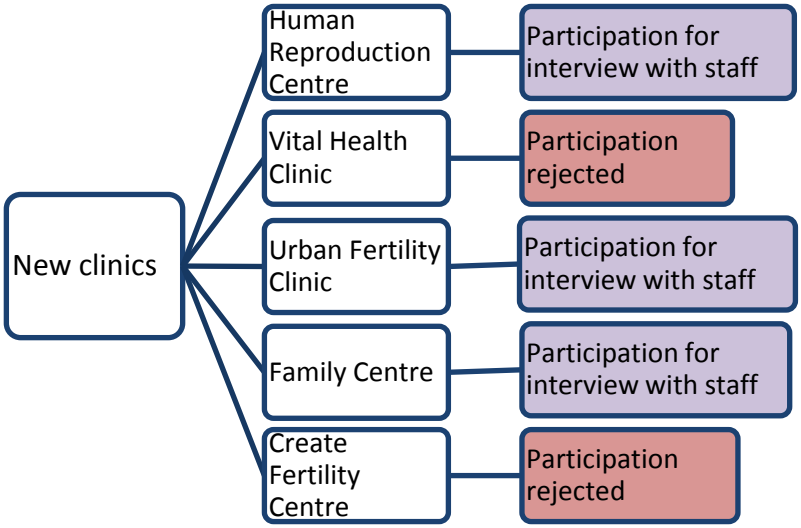
[12] All participants and participating clinics in my MSc are anonymised.

clinics rejected research participation this time: one on grounds that I had already gained insights previously and their busy schedule would not permit collaboration, while the other two indicated that there were no surrogacy arrangements, which later turned out to be deliberate misinformation. In one case, I recruited a surrogacy worker treated by the very doctor who provided me with the information that their clinic did not deal with surrogacy.

Next, I selected five new clinics on the basis of their location in the city and online indications that they facilitated surrogacy arrangements, and succeeded in recruiting three. It is common in these high-profile establishments to pay for an initial consultation, which was not an option for me. Displaying my research interests to front desk staff was neither an option, as it led to immediate dismissal. My successful access strategy to speak to senior staff therefore was expressing my research request in English. In all cases, front desk staff were not proficient in English and in all three successful recruitment cases sent for more highly educated staff to attend to my enquiries, which facilitated my access to doctors who I wanted to speak to. In the other two clinics, it was impossible to get past the front desk.

Figure 3.3, Recruitment overview fertility clinics





In total, six out of twelve clinics agreed to my research. Two of these six agreed to be a site for further participant recruitment and observations, and in four clinics, medical staff agreed to an interview.

3.4.1.1.2 Gynaecological units

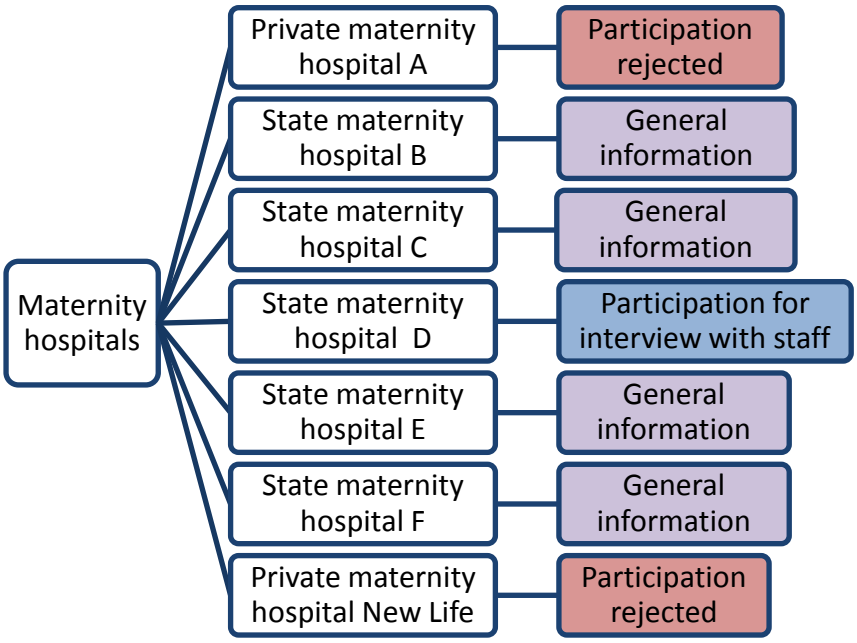
I was able to access one private gynaecological unit which surrogacy workers visited for pregnancy consultations with the permission of the collaborating agency. All my attempts to access state units failed despite repeated visits and long hours of queuing and waiting. Once I learned that surrogacy workers frequently concealed the surrogacy information and shared only the information of an IVF pregnancy, I stopped the time-and-energy consuming recruitment attempts and focused on other recruitment sites.

3.4.1.1.3 Maternity hospitals

Maternity hospitals presented new potential research sites without previous contacts for me. At the time of my research, I was aware of 20 state and two private maternity hospitals in St Petersburg. I selected five state wards and the two private wards, after learning that client parents and agencies selected these for surrogacy births. As in the gynaecological units, my attempts at accessing the maternity hospitals involved many hours of queuing and waiting, as well as many rude dismissals by front desk staff when trying to elicit who the doctors and nurses were that I needed to speak to. As maternity hospitals are open around the clock, front desk staff worked in shifts and so I had at least two attempts per ward. In the end, I was able to speak to a few members of staff working with surrogacy births in four maternity hospitals, but was not permitted to undertake observations. In one maternity hospital, due to an endorsing phone call by a participating endocrinologist, I was able to interview several senior staff who organise surrogacy births.

In figure 3.4, I provide the overview of the maternity hospitals and recruitment success.

Figure 3.4, Overview of maternity hospitals and recruitmemnt success



3.4.1.2 Surrogacy agencies

I proceeded with the recruitment of commercial surrogacy agencies as research sites in same manner. First, I re-visited three previously participating surrogacy agencies. Next, I contacted nine agencies that had opened since my MSc research in 2012, and one that has a separate office in Moscow. Figure 3.5 below provides an overview of the surrogacy agencies and recruitment success.

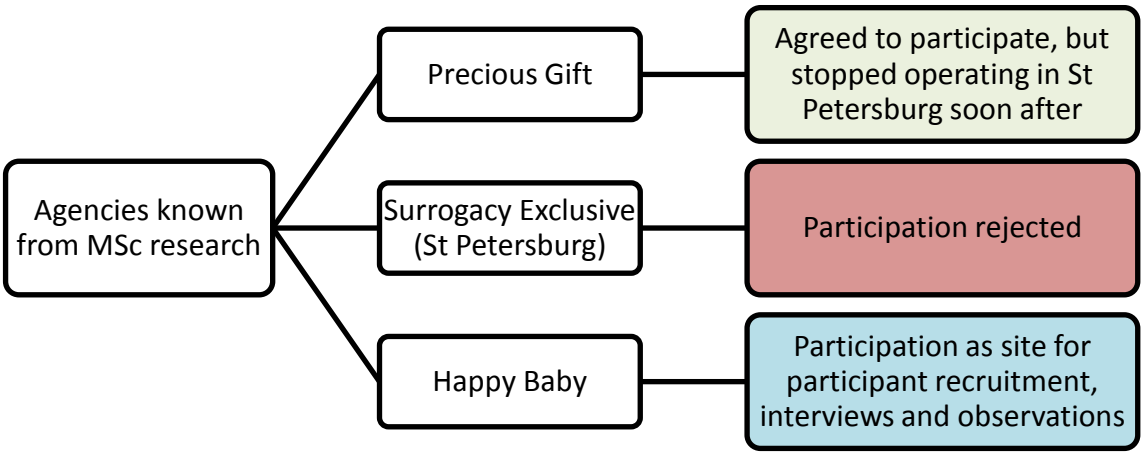
Unlike the relatively easy recruitment of fertility clinics, recruiting agencies was more difficult. Only one of the three agencies that participated in my MSc research agreed to participation after a few negotiating visits. However, they closed their St Petersburg office soon after. The second agency denied access. The third agency at first agreed, but when it came to the interview appointments, they repeatedly rescheduled or cancelled at the last minute. When I insisted on one appointment to confirm my permission to conduct research by signing the consent form, the manager sent her secretary in proxy. At the given appointment, the secretary entered the meeting room with surly countenance and instead of a welcome remarked “So tell me. What else do

you want to know? Don't you already know enough?" Throughout the research, I had to be careful to not wear out this thin welcome.

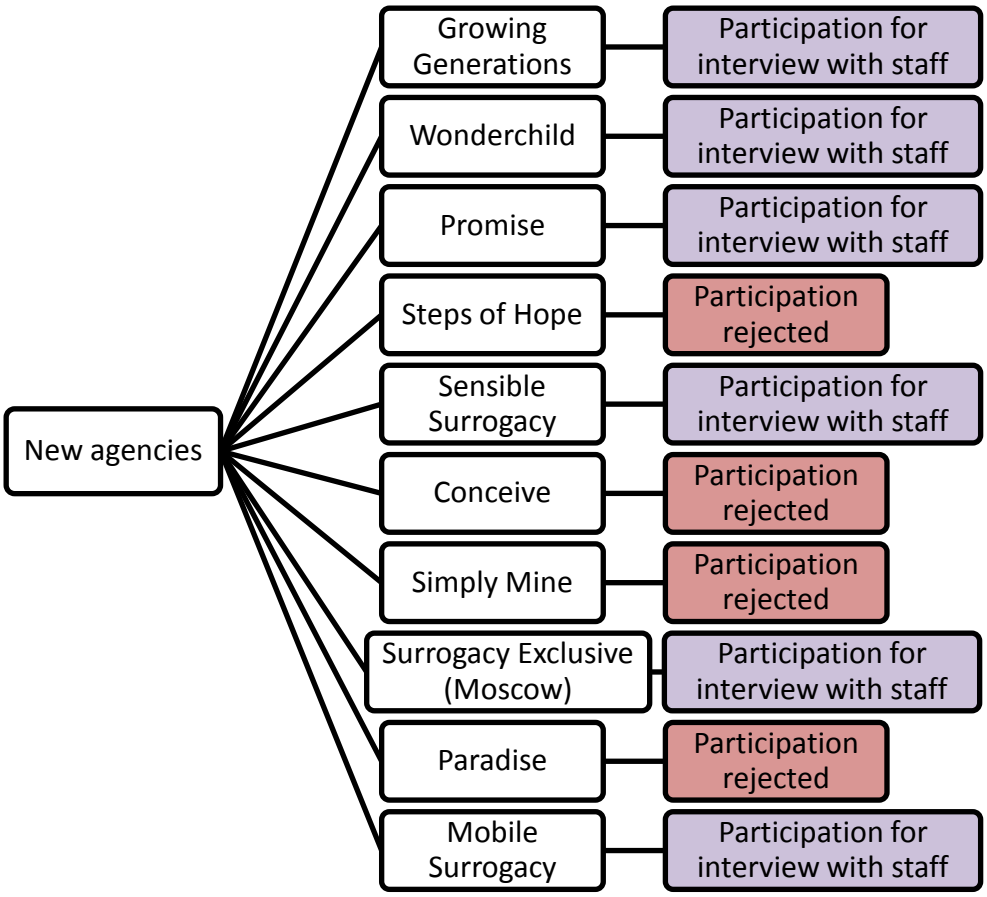
Of the ten newly contacted agencies, four agencies rejected my research request. Six agencies[13] agreed to participate in the form of providing interviews. Of the four who rejected, two initially agreed and asked me to prepare consent forms and recruitment material, to later announce a change of mind without providing further reason. The other two simply ignored my phone calls and I decided to not revisit their premises, but focus on other and already successful recruitment. Of the six agencies that agreed to provide interviews, five agencies eventually did.

In total, I contacted 13 agencies. Five agencies declined participation, and eight agencies agreed to participate; however only one agency agreed to be a research site for my research.

Figure 3.5, Overview of commercial surrogacy agencies



[13] In two of the six agencies that agreed to give interviews, the interviews fell through.



3.4.1.3 Civil registries and foreign consulate

The research sites I needed to access in order to learn about the registration process of the new-born and gain insights into the required documents were civil registry offices and foreign consulates. As anybody is entitled to such information, I did not recruit these sites as explicit research sites. Instead, I visited in regular business hours and requested that particular information. In total, I visited three civil registries to compare information over the way the process was conducted, and one consulate of a country that prohibits surrogacy.

3.4.2 Participant recruitment

The next step in recruitment was the recruitment of gatekeepers and research participants, and this commenced either simultaneously or shortly after first successful research site recruitment. In the following subsections, I account for my various routes of participant recruitment. See Table 3.6 in section 3.4.3 for an overview of all participants and recruitment avenues.

3.4.2.1 Participant recruitment from previous contacts

I recruited seven surrogacy workers, two client mothers, two agency staff and two medical staff from my previous participant sample from my MSc research. I had kept in contact with two of the surrogacy workers and upon my return to St Petersburg for this PhD research, they offered their participation. One surrogacy worker I met again by chance and, after I arrived, I successfully reconnected with four surrogacy workers and two client mothers. Two doctors and two agency staff members worked at the research sites that I recruited from my previous sample (see 3.5.1).

3.4.2.2 Participant recruitment through gatekeepers

Concurrent with recruiting agencies and medical units as research sites, I sought to recruit senior medical staff and agency owners as gatekeepers for further participant recruitment. Gatekeepers are "actors with control over key sources and avenues of opportunity" and ideally mediate recruitment of research participants for empirical researchers (Hammersley and Atkinson 2007:27). To recruit someone as a gatekeeper, I explained my research project in detail and asked the gatekeeping individuals to approach surrogacy workers and client parents on my behalf, explain my research project and invite them to participate. Four senior doctors in private fertility clinics agreed and two of them proceeded to act as gatekeepers. Even though three agencies initially agreed to act as gatekeepers, none of them did so.

To assure potential participants' anonymity, confidentiality and informed consent, I developed the following procedure when recruiting via gatekeepers:

1. The doctor would inform me about appointments with surrogacy workers or client parents for the coming week. I would arrive at the clinic, notify the doctor and wait in the waiting room.
2. Prior or after the appointment doctors approached surrogacy workers or client parents on my behalf to inform them verbally about the study and request their participation.
3. Interested surrogacy workers or client parents who gave their permission were introduced to me on clinic premises and given a participant information sheet (see appendix 3).
4. If a surrogacy worker or client parent/s declined to participate, their anonymity was maintained and I would leave the premises.
5. If they agreed to participate in the study, I asked them to given written consent and offered the alternative option of giving their consent verbally (see 3.8).

Recruiting surrogacy workers and client parents through gatekeepers in clinics was time-consuming and frustrating. On a dozen occasions, appointments that I was notified of upfront were rescheduled, either in advance, without informing me, or informing me when I was already in the clinic, so that I had come for nothing. In addition, surrogacy workers agreed to be introduced in only about half of the appointments that took place. Of those to whom I was able to speak and further explain my research intentions, five women promptly decided against participation, and another seven women decided to withdraw by not responding to my follow-up phone call or by failing to come to the arranged interview appointment, without notifying me.

In total, I was able to recruit two senior doctors as gatekeepers, and with their help recruited nine surrogacy workers and one client mother. In addition to that, one endocrinologist acted as a gatekeeper to the senior obstetrician at one maternity

hospital, and through them, I met two further medical staff involved in surrogacy births. In one case, I was able to recruit a doctor as a gatekeeper to meet client parents and surrogacy workers, and as an interview partner.

3.4.2.3 Participant recruitment through snowballing

Snowball sampling is a sampling method whereby already-participating individuals or people relevant to the research are approached to establish contact with new potential participants (Bryman 2012:184). I used this sampling method with participating surrogacy workers and client parents, adhering to the following procedure:

1. I asked surrogacy workers and client parents already participating in the study to pass on my details to any further potential participants if they felt comfortable doing so.
2. Interested surrogacy workers and client parents who gave their permission were introduced to me and I provided them with a participant information sheet and discussed participation with them.
3. If they agreed to participate in the study, I asked them to given written consent and offered the alternative option of giving their consent verbally (see 3.8).

In total, I recruited four surrogacy workers and three client parents through snowball sampling.

3.4.2.4 Participant recruitment through online sources

A fourth recruitment strategy for surrogacy workers and client parents was online recruitment on the sites where I conducted online research (see 3.3.2, figure 3.2). First, I regularly followed the constantly-updated section for surrogacy on 'Meddesk',

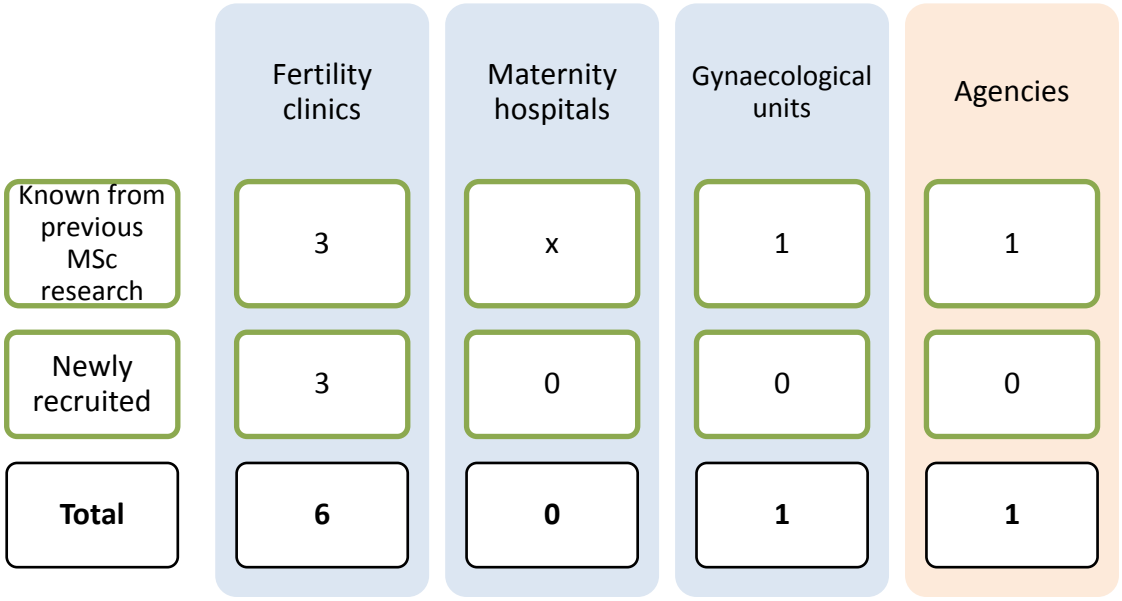
the website where surrogacy workers and client parents post requests and offers, and sent research participation invitations directly to approximately ten surrogacy workers per week. Second, I posted an invitation to participate in my research on one online forum, and contacted those surrogacy workers who publicly posted contact details[14]. Third, I joined surrogacy groups on the social network *vkontakte.ru* to contact individuals with my research request. To recruit potential participants, I first sent an introductory personal message briefly describing my research. Upon receiving a positive response, I provided the participant information sheet. The relative success rate of online recruitment was low, with about one 'hit' in 15-20 recruitment attempts. In total, I recruited 12 surrogacy workers and one client mother via online recruitment.

3.4.3 Summary

Recruitment included research sites, gatekeepers and research participants. As this doctoral research emerged from previous research on surrogacy in St Petersburg, my first steps in research site and research participant recruitment were visiting previously participating sites and gatekeepers, and contacting previously participating surrogacy workers. In figure 3.6 and figure 3.7 below, I provide an overview of the number of participants I recruited from known contacts. Next, I selected and approached new potential research sites and gatekeepers, and employed three participant recruitment strategies throughout the research: first, recruitment through gatekeepers; secondly, recruitment through snowball sampling, and thirdly, recruitment through online sources. In figure 3.6 and figure 3.7, I further account for the number of participants recruited through each recruitment strategy.

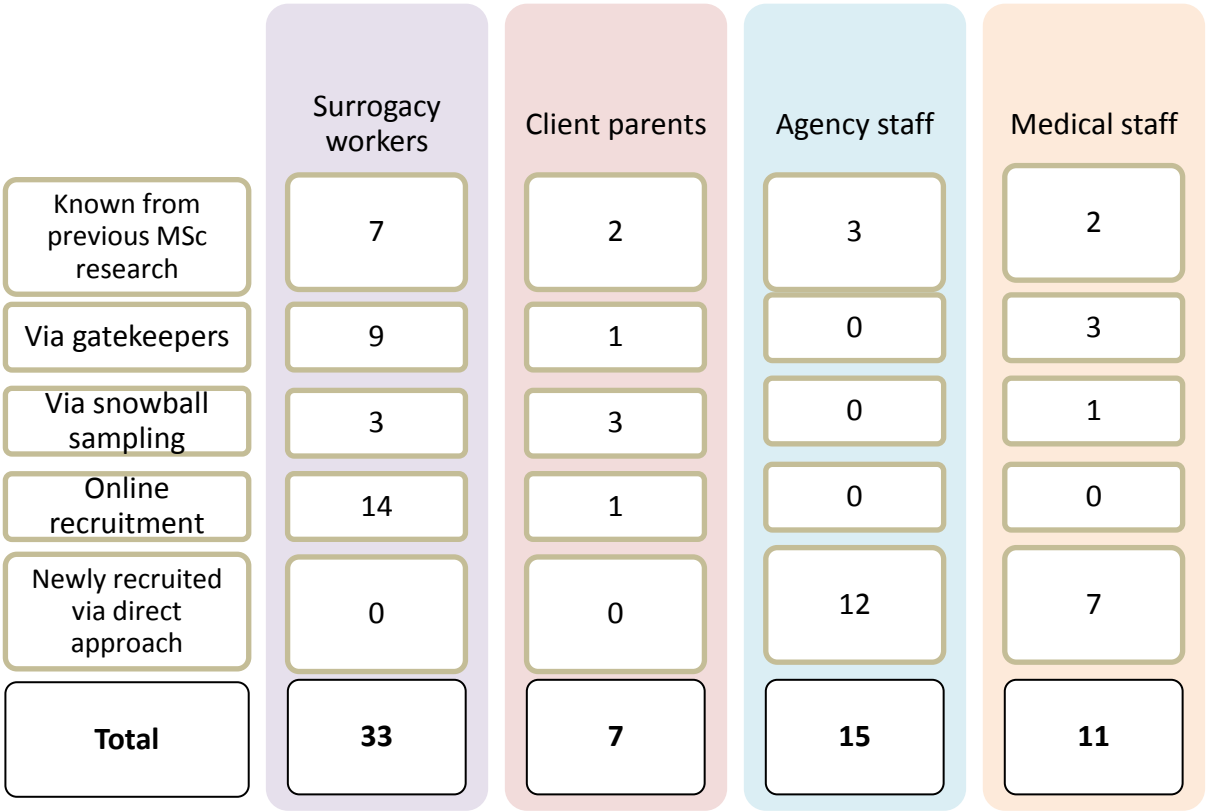
[14] Registration for reading information on these fora is not required.

Figure 3.6, Overview of research site recruitment



	Fertility clinics	Maternity hospitals	Gynaecological units	Agencies
Known from previous MSc research	3	x	1	1
Newly recruited	3	0	0	0
Total	**6**	**0**	**1**	**1**

Figure 3.7, Overview of research participant recruitment and recruitment routes



	Surrogacy workers	Client parents	Agency staff	Medical staff
Known from previous MSc research	7	2	3	2
Via gatekeepers	9	1	0	3
Via snowball sampling	3	3	0	1
Online recruitment	14	1	0	0
Newly recruited via direct approach	0	0	12	7
Total	**33**	**7**	**15**	**11**

Recruitment was a time-consuming process and fraught with difficulties. My experience of recruiting private fertility clinics and agencies confirms Monahan's and Fisher's (2014:3) suggestion that when "gaining access to secretive sites or 'elite' informants, issues of power dynamics and differentials come to the fore." The process of recruiting potential sites for ethnographic research was already part of the ethnographic approach as it laid bare the power dynamics (Haley et al. 2014). Rejections, and in particular the manner of rejection, provided valuable insights upon which I built further recruitment strategies and fielded research questions. Recruitment was further complicated when surrogacy workers' pregnancy complications prevented or deterred them from participation. Therefore, applying a filter to the already-narrow sample of accessible participants for the sake of more strategic sampling would have posed the risk of not recruiting 'enough' participants. In addition, Fugard and Potts (2016:1) point out "sampling indeed involves an element of chance. You do not know what someone is going to do before you talk to them." In other words, someone who apparently complies with the desired criteria might not be able to provide the desired information, while another participant actually can give insight. My approach to recruitment was therefore convenience sampling, and the four described routes resulted in a diverse distribution of successful participant recruitment and reduces the potential of recruitment bias (see figure 3.7). Finally, throughout the 10 months of empirical research in Russia, there was no methodological division between recruitment and data collection phases. Recruitment was an ongoing process; the first months were more recruitment-heavy and, towards the end, recruitment phased out as I completed data collection and prepared for my departure.

3.5 Participant consent

In this section, I demonstrate how I guaranteed and recorded participants' informed and voluntary consent. I go on to explain the reasons and protocol for instances where I made exceptions in seeking informed consent, for the sake of research participants' confidentiality.

3.5.1 Documenting consent

To guarantee research participants' informed and voluntary consent in this research, I provided all potential participants with a detailed participant information sheet (see appendix 3), encouraged them to read it thoroughly and ask additional questions. I asked those who agreed to participate to give written consent, and offered the alternative option of verbal consent. To document written consent, research participants were provided with a participant consent form (see appendix 4).

I collected signed consent forms from research participants who participated in my research as interview partners, permitted my presence for ethnographic observations, and who agreed to take on the role of gatekeepers. When applying for ethical approval I raised the concern that requiring written consent might deter some research participants. Obtaining verbal consent is in line with the ethical guidelines of the American Anthropological Association (AAA 2009) and the ESRC Framework for Research Ethics (ESRC 2015). It is routinely used in research where written consent might be considered as threatening to a participants' sense of autonomy or privacy (Murphy and Dingwall 2007). I was granted permission to record verbal consent in relevant situations. The concern turned out to be ill-founded, but the option for verbal consent proved useful in situations when written consent was either too disruptive or not feasible.[15] I have further applied verbal consent taking in Skype and telephone interviews by recording the interview from the beginning of the conversation, as the participant had already agreed to participation after reading the participant information sheet (sent by email) and sharing contact details. While recording, I asked

[15] The following example demonstrates a situation when verbal consent was favourable in ethnographic research such as mine: I met surrogacy worker Kira in the car when Vitali, the driver of her agency, offered me a lift to the surrogacy housing unit where Kira lived. Kira was at first not interested in conversing with me, but after attentively listening to my conversation with Vitali, she gained interest. When Vitali parked the car and left for an errand, we were left on our own. Once he had gone, Kira instantly began to put forward questions, including queries about my research, being informed about it from the conversation with Vitali. It occurred to me that she was interested in sharing her insights, yet that she probably felt uncomfortable to do in Vitali's presence. Going through the process of taking written consent would have stalled the flow and risked wasting the precious time. Therefore, I noted her verbal consent in my fieldnotes diary.

participants to confirm their consent and thus recorded their consent that way. Had a participant not consented to recording, I would have stopped the recording immediately and deleted the existing initial recording. No participant refused permission to record the interview. I desisted from first asking for consent to record and then asking participants to repeat their consent so it could be recorded, as this facilitated a casual start to the interview that made the research participant feel comfortable.[16]

3.5.2 Exceptions of seeking informed consent

Where access was granted by gatekeepers, the waiting areas of fertility clinics became sites for non-participant observations. At these locations and during the process of data collection, other uninformed and not directly participating individuals, for whom the research was inconsequential, were present. Interactions informative for my research between an informed, consenting research participant and these other, uninformed individuals occurred outside my control. It was practically impossible to avoid these observations given my presence on-site, but when relevant actions occurred, I collected only non-identifiable data from these involved, yet non-informed individuals. The reason for not informing those individuals about the ongoing research was to avoid drawing unwelcome attention to me and to preserve the anonymity of the surrogacy workers and client parents when I talked to them. This approach is in line with the ethical principle of non-maleficence, from the ethical guidelines of observational studies of the New Zealand National Ethics Advisory Committee (NEAC 2012) and the ESRC guidance in the Framework of Research Ethics (2012).[17]

[16] Verbal consent has further been helpful in Skype and telephone interviews.
[17] ESRC: see section on justifiable covert observation.

3.6 Sample of research participants

In the following sub-sections, I introduce my research participants in the categories of surrogacy workers, client parents, agency staff and medical staff. For a comprehensive overview, see appendix 5, tables 1-5.

3.6.1 Surrogacy workers

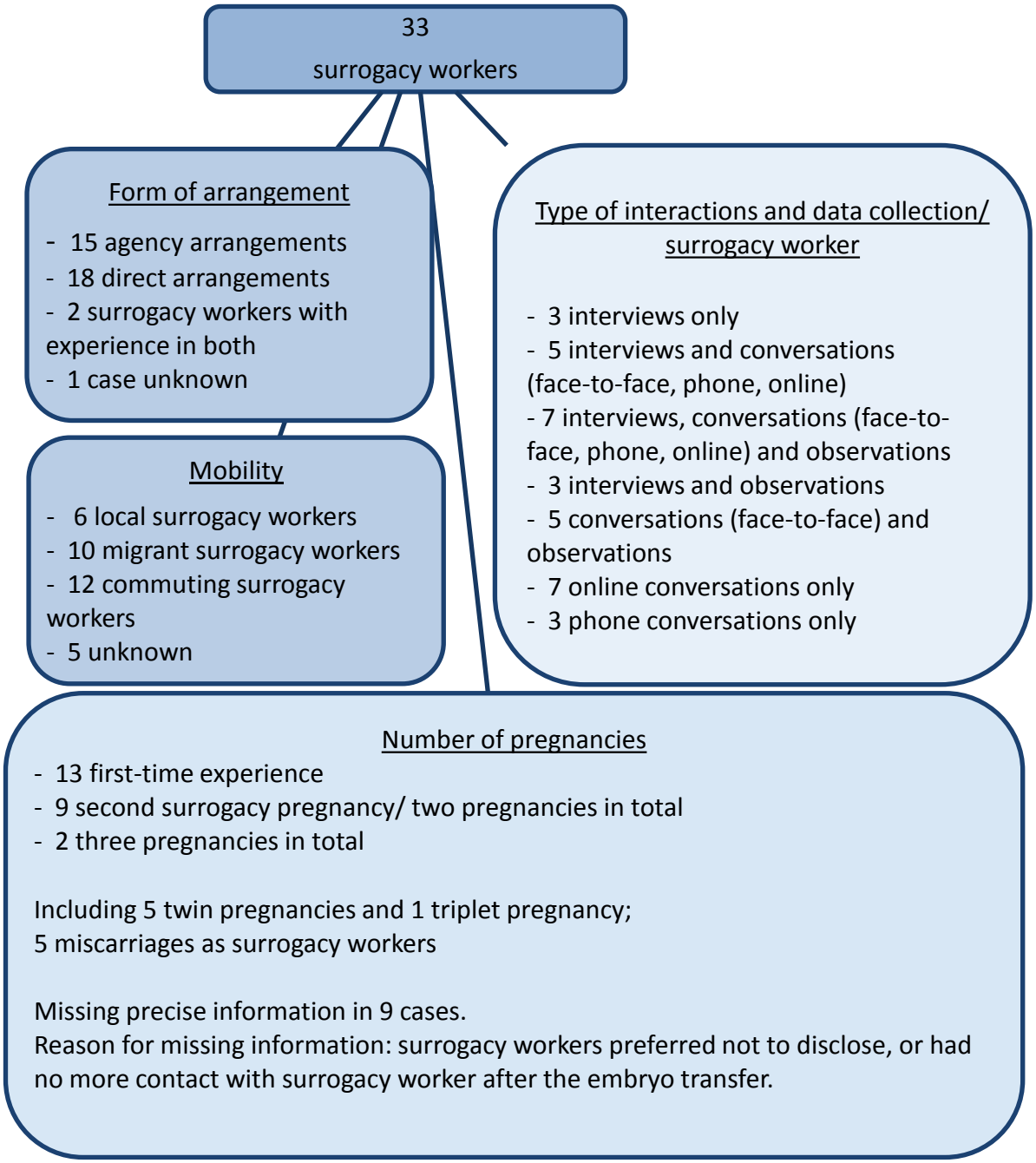
My sample of surrogacy workers comprises 33 women, between the age of 19 and 37 years.[18] I cannot paint a portrait of a typical surrogacy worker, as they were a highly diverse population. The similarities they shared include having at least one child of their own and being of outstanding health (as defined by the Medical Order Nr. 107 of the Russian Federation, appendix 7). They had diverse educational backgrounds, from basic schooling to university degrees, yet all earned in the lower income bracket. The majority planned to invest their surrogacy earnings into improving their housing conditions (see chapter 5) and made no secret of their activity within their family and close circle of friends, but preferred non-disclosure to a wider circle.

In Russia, the two main ways of entering a surrogacy arrangements are either signing up with specialised agencies who assume the tasks of organising and supervising every step, or entering into an agreement directly with the client parents (see chapter 4). Fifteen women in my sample entered agency arrangements, 18 entered direct arrangements and two women had experience with both forms. Thirteen surrogacy workers were pregnant with or had just given birth to their first surrogacy child, nine women were pregnant with the second surrogacy pregnancy, or had completed two pregnancies, and two women had completed three surrogacy pregnancies. My sample further included five twin pregnancies and one pregnancy with triplets. Five women miscarried. Finally, six surrogacy workers were local to St Petersburg, whereas the others came from all over Russia or even abroad. Of the latter, ten surrogacy workers

lived in St Petersburg temporarily, and 12 women commuted to St Petersburg to attend surrogacy pregnancy appointments (I discuss this in depth in chapter 7).

The geographic distribution and agency/direct arrangement distribution in my sample is coincidental. The difficulties in recruitment (see 3.5) did not allow for selective or purposeful sampling. As no official statistics over the number and forms of surrogacy arrangements exist in Russia, I cannot make a general statement as to whether my sample distribution is representative. The diversity of my sample however is highly valuable, as it provides insight into the different forms of surrogacy arrangements. In figure 3.8 below, I provide a summary overview of the surrogacy workers in my sample.

Figure 3.8, Overview of sample of surrogacy workers

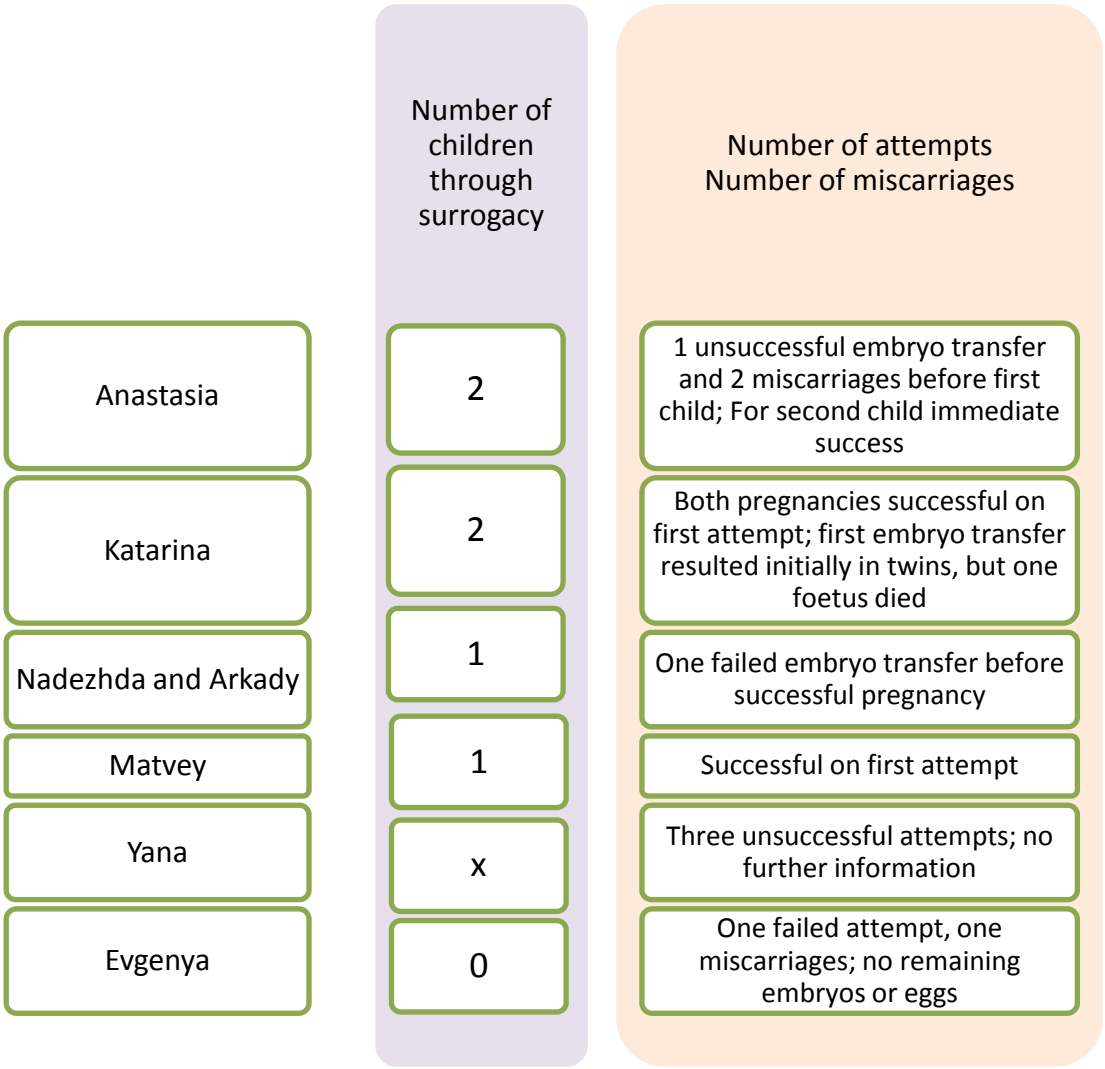


3.6.2 Client parents

My research sample includes seven client parents, consisting of four client mothers whose husband did not participate, one married client couple and one gay single client father. All the client mothers had husbands, but in only one case did the husband introduce himself to me. The Russian law on surrogacy specifies that client parents need to be infertile to realize parenthood through surrogacy. This was the case with all participating client mothers. They had lost their fertility due to grave illness. The single client father was able to circumvent the law by asking his surrogacy worker to register as the child's mother, yet agree between the two of them that she would cede all parental responsibilities to him. The client parents were between their early 30s and mid-50s. Three client mothers used their own eggs, one used her sister's and two did not disclose. Six client mothers were locals and all worked full-time during the surrogacy programme. Six client parents came from a higher-middle or upper-class background and earned well, whereas one client mother took on both full-time and part-time employment to raise the money.[19] None of the client parents had personal contact with other client parents. Two client mothers already had one child via surrogacy and were trying for a sibling. Of those who tried for their first surrogacy child, the single client father and the couple succeeded, whereas one client mother experienced her surrogacy worker's miscarriage and in the remaining case, I am unaware of the outcome. Five client parents had experienced at least one failed embryo transfer attempt with their surrogacy workers. In figure 3.9, I provide an overview of my sample of client parents.

[19] This client mother presented herself as a single mother to her surrogacy worker and agency, but in fact was married, with her husband working abroad. Her husband was unaware that she had lost her uterus and was made to believe that his wife tried IVF by herself, with embryos conceived from her eggs and his sperm.

Figure 3.9, Overview of sample of client parents



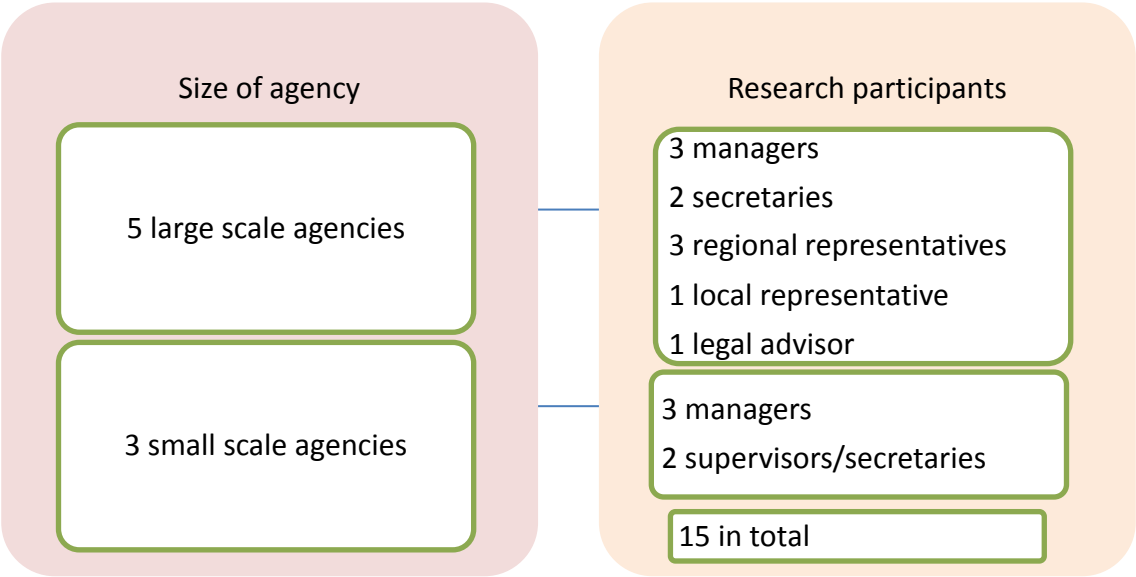
3.6.3 Surrogacy agencies and agency staff

I recruited nine staff members from eight different agencies, five of which were large scale, and three who operated with 1-2 staff. Of these eight agencies, I was able to get full insight into the numbers and roles of employees from three agencies. The 'Happy Baby' agency was one of the large agencies and consisted of the owner and the manager, a secretary, a legal adviser, two supervisors for the surrogacy workers, a nurse and two gynaecologists. 'Promise' and 'Growing Generations' were much

smaller in scale. 'Promise' consisted of a manager and a surrogacy workers' supervisor, and 'Growing Generations' was managed by one woman.

In total, I interviewed three managers, one secretary, one regional representative and one legal adviser from the group of larger agencies, and two managers and a surrogacy worker supervisor from the group of smaller-scaled agencies. This diversity in sample allows insight into and comparison of the different approaches to organising surrogacy arrangements. Figure 3.10 provides an overview. See appendix 5 for the detailed table of participants.

Figure 3.10, Overview of surrogacy agency staff participants

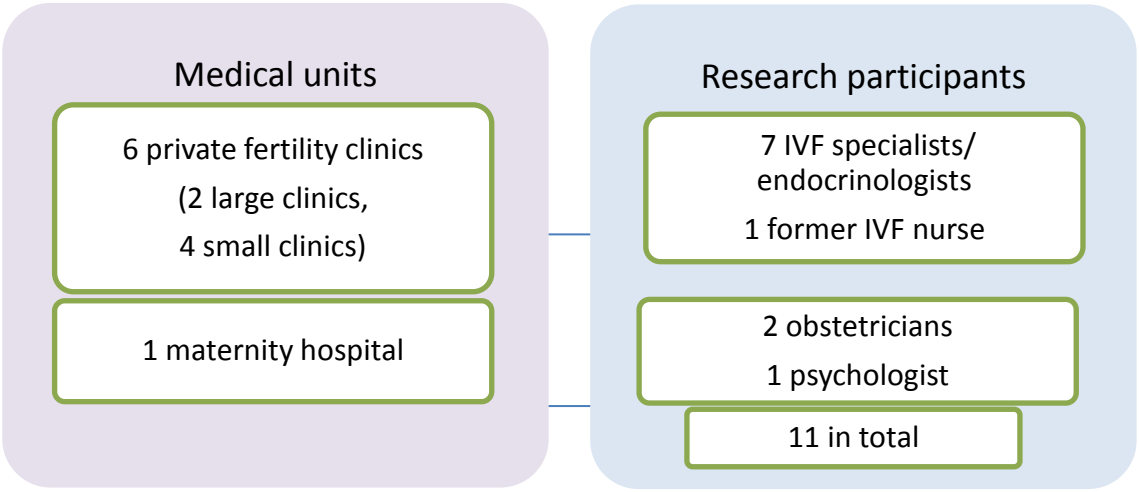


3.6.4 Medical staff

My sample of medical staff consists of seven IVF specialists/endocrinologists from six private fertility clinics, one former IVF nurse, and two obstetricians and one psychologist from a maternity hospital specialising on surrogacy birth. The fertility clinics varied in size. Two of them were a branch of a wider network and four were smaller-sized establishments. The frequency of surrogacy arrangements varied along

with the size; one participating IVF specialist is one of the most renowned surrogacy specialists in Russia, and as a result, his clinic made surrogacy arrangements on a weekly, and sometimes daily, basis. The diversity in size and variations in frequency of surrogacy arrangements allowed nuanced insights into the clinical routine of implementing surrogacy arrangements. See figure 3.11 for the overview of medical units and medical staff.

Figure 3.11, Overview of medical units and medical staff



3.7 Data analysis

3.7.1 Interview transcription and translation

I conducted 45 interviews in Russian, four in English, two in Romanian and one in German. I transcribed 43 interviews myself, and employed three local students to prepare transcripts of nine interviews.[20] When I was transcribing Russian interviews myself, I immediately translated them into English. I transcribed Romanian, English and German interviews verbatim. Transcribing Russian interviews directly into English was

[20] One interview with agency staff, two interviews with client mothers and seven with surrogacy workers. I allocated interviews with high number of unfamiliar/technical terms, and fast and/or unclear language to assistants.

a pragmatic decision as I have a better command of spoken than of written Russian. Russian verbatim transcription would have taken too much time. Russian, Romanian and English are not my native languages, which might have affected the translation quality. However, I am confident that I have not compromised authenticity, accuracy and meaning, as I consulted native speakers wherever doubts arose. I instructed the three assistants to adhere to the strictest confidentiality and obtained the approval of the interview partners for third person transcription.

3.7.2 Storing data

I stored all recordings and digitised data (fieldnotes, transcripts, sound files and photographs) on password-protected computers, and securely transferred data files via DMU ZEND service for storage on DMU servers during fieldwork. Fieldnote diaries and address books containing observational and personal data were stored at a secure and locked place. Participants were aware that only I and selected persons who helped with transcription knew their names and other identifying information, but that I instructed these assistants to maintain the strictest confidentiality.

3.7.3 Analytical approach: Thematic analsyis

All interviews and fieldnotes were subjected to thematic analysis (Aronson, 1990; Braun and Clarke 2006). Thematic analysis is an inductive process that is commonly used in ethnographic research design as it allows ethnographers to organise their findings and to generate conceptual and theoretical explanations from complex empirical data (Reeves et al. 2008). It follows the following phases: familiarising oneself with the data through thorough reading, generating initial codes, searching for themes, reviewing and revising themes, defining final themes and producing a final report.

I began tentatively organising my interview and fieldnotes data while still conducting research, as I made sure to have all fieldnotes digitalised and all interviews transcribed

upon departure from Russia. Back in the UK, I printed all the interviews in four booklets, one each for surrogacy workers, client parents, agency staff and medical staff. The pages were organised to contain the text, and next to it columns for 'remarks' and 'potential codes'. I read all the interviews at least twice, highlighting key themes, repeating themes and exceptions, and noting comments alongside the text. After this thorough reading and open coding of my interviews and fieldnotes, I combined and organised the emerging codes in thematic clusters. To cope with the data complexity, I opted to develop three different 'projects' for subsequent coding in Nvivo[21]: (1) empirical findings in my fieldnotes, (2) empirical findings in my interviews, and (3) notes and insights in both fieldnotes and interviews that were relevant to developing my methodology and reflection chapter.

The organization of coding themes for the empirical findings from my interviews and fieldnotes resulted in 20 themes and 129 sub-themes (See appendix 6.1 for the primary list and a picture of the first cluster). To develop coherent codes for my final themes, I carefully discarded some codes, combined others and added new ones (Saldana 2012:207–217). I developed the codes from the language and concepts found in the text and in consideration of my research questions. I paid close attention to not develope interpretive codes, but work with descriptive codes and close to the data. Once I defined my final set of codes for the analysis of my empirical findings consisting of 19 codes and 85 sub-codes (see appendix 6.2), I coded 'project 1' and 'project 2' in Nvivo 10 (see appendix 6.3.1). In addition, I coded all fieldnotes about respective participants by the participants' name. The final set of codes for project 3, methodology and reflections, consisted of 13 themes and 21 sub-themes (see appendix 6.3.2). Coding my data with Nvivo allowed me to see the different degrees of 'data thickness' (Fusch and Ness 2015) additional to the variety of the identified themes. Finally, to fine-tune analysis during the writing process, I printed necessary Nvivo nodes[22] to review and scrutinise the coded data, add new comments and develop my conceptual framework and analysis for the presentation of my empirical findings (see appendix 6.4). The emerging empirical themes, under which I

[21] NVivo is software that supports qualitative research.

[22] 'Nodes' in the Nvivo terminology are the container for coded themes and sub-themes.

subsequently organised my empirical finding chapters, were the social organisation and legal regulation of surrogacy, women's motivation and decision-making process to become surrogacy workers, the relationship between surrogacy workers and client parents, mobility among surrogacy workers in form of temporary migration and (long-distance) commuting and ethnic stratification.

3.8 Research ethics

The De Montfort University Ethics Committee for Health and Life Science gave ethical approval for this research on July 28th, 2014 (REF 1384), ensuring that the research met the basic ethical guidelines of participants' anonymity through the use of pseudonyms, data security, confidentiality and voluntary informed consent. I provided all potential research participants with participant information sheets (appendix 3) and recorded either written or verbal consent. I encouraged participants to ask questions about the research and informed them about their option of participation and data withdrawal without giving reason until June 2016.

However, both the nature of research into the sensitive topic of infertility and assisted reproduction (Culley et al. 2007) and the chosen methodological approach of conducting ethnography (Murphy and Dingwall 2001) demanded additional ethical considerations. Central to these were the principle of non-maleficence, of avoiding harming participants, beneficence, producing identifiable benefit for the participants, self-determination of participants and respect of their values and decision and finally justice, treating participants equally (Beauchamp 1982:18-18). Below, I account for how I addressed the additional ethical demands in my research conduct, regarding my research participants and myself.

3.8.1 Welfare of research participants

3.8.1.1 Protection from harm

My research did not pose any predictable threat to the physical integrity of research participants. However, to protect in particular pregnant surrogacy workers, I strictly avoided meeting up with research participants when suffering from a cold to avoid passing it on. Yet, it is not enough to conceptualise harm only as a threat to physical integrity, but emotional distress and loss of self-esteem equally need to be considered when developing strategies to protect participants (Diener and Crandall 1978:19 in Bryman 2012:118). Aware from my previous MSc research that surrogacy workers and client parents may feel unease or even distress about giving an interview in a place of not their own choice, I made sure that my interview partners could choose an interview location where they felt comfortable and safe. For some participants that meant their home, whereas others chose a café. In a few cases, migrant surrogacy workers did not feel comfortable about inviting me to their shared, agency-provided accommodation and did not know St Petersburg well enough to suggest an alternative location. In that case, I proposed cafes where seating arrangements offered privacy. I furthermore made sure that research participants, especially when recruited via gatekeepers in clinics, did not feel rushed or compelled to take part in interviews because a high-ranking staff member had proposed it to them, and emphasised the option to meet at another time and location instead, to allow them time to consider their participation thoroughly and in private.

For client mothers, opening up about their personal experiences of infertility and, often, the failure of previous IVF or surrogacy attempts and for surrogacy workers, telling me about their experiences of failed surrogacy arrangements or separation from children can stir up painful memories and cause distress or grief. While it is impossible to prevent this from happening, I sought to conduct my interviews in a sensitive and caring manner, giving participants time and space to answer as well as the opportunity to leave a question unanswered. I also offered women the opportunity to take breaks or terminate an interview; however, it never came to that.

Ethnographic research over a prolonged period often fosters close bonds with research participants. Aware that some participants might allow this for the duration of the researcher's stay whereas others might expect an ongoing relationship, I announced my departure in advance to allow participants to prepare. I offered participants the option to either terminate contact upon my departure or alternatively, stay in contact and learn about the research outputs.

In addition, the notion of informed consent can be problematic throughout fieldwork. As delineated in section 3.5, to protect the anonymity and confidentiality of vulnerable and directly involved participants, I infringed upon the informed consent of uninvolved individuals, who, entering the clinic premises, were unaware that they entered a 'research zone.' An uncompromising conformity to seek everybody's informed consent would have been too disruptive and either made the research impossible (Bosk 2001), or compromised the commitment to protect actively participating research participants. I protected the anonymity of the uninformed, incidentally-involved individuals by not collecting any identifiable information, but focused on interactions. Finally, when research participants handed me contracts or any other (legal) documents containing personal information, I immediately anonymised them.

3.8.1.2 Withdrawing data

To keep participants' interests as a top priority, it is necessary to enable participants to withdraw data or consent at any time and without giving a reason (if they requested this before June 2016). I included this information in the participant information sheet. Additionally, I drew their attention to this prior to my departure from St Petersburg. One agency urged one surrogacy worker to withdraw from participation a few weeks prior to my departure, but permitted me to use the data she had provided. This was because this surrogacy worker's new client parent requested absolute confidentiality from the agency, who therefore took this measure. No participant asked to withdraw data.

3.8.1.3 Non-exploitation

Sound ethical research also demands equal encounters between the researcher and participants (Davis and Craven 2016:114), but it is hard to achieve and likely that the researchers gain more than the participants do. To mitigate the potential for exploitation, I made sure to not make demands on participants' time, in particular in the case of commuting and local surrogacy workers, who needed to balance the time demands of surrogacy and caring for their families, and made myself available at their convenience. Furthermore, I was as transparent about my data collection process and research agenda as possible and offered participants a copy of their interview transcripts, if interested.[23]

3.8.1.4 Reciprocity

Good research needs good rapport with research participants. Following what feminist qualitative researchers have highlighted, sound ethical conduct in this regard is building genuine rapport rather than instrumental rapport (Maynard 1994:15-16). Building genuine rapport involved attentive, empathetic listening not only to topics of my direct research interest, but also to topics that research participants linked to their surrogacy experience, such as cheating husbands and financial worries. The negative reaction of the public to the practise of surrogacy resulted in many surrogacy workers and client parents carefully keeping their involvement in surrogacy a secret, which made them feel isolated and lonely in their experiences. They experienced the opportunity of talking to an interested, empathetic and knowledgeable listener as therapeutic and reaffirming (Birch and Miller 2000; Murray 2003). I further sought to reciprocate participants by sharing insights, useful online websites and publications on surrogacy. Finally, while it is becoming more common in social empirical research to pay research participants, it remains problematic (Head 2009) and I decided to refrain

[23] I asked participants after conducting the interview whether they were interested in reviewing their interview transcript and provided them with a transcript of the interview language accordingly.

entirely from this option. However, to appreciate participants' time, I usually covered the bills at cafés and brought small gifts when interviewing at home.

3.8.2 Welfare of researcher

Ethnographic research may also cause distress for the researcher herself. To manage the emotional demands as well as physical safety, I implemented the following measures. To ensure safety and well-being, my supervisors and I agreed on a system that ensured regular contact, consisting of monthly conference Skype calls with both supervisors and weekly emails detailing my actions and location for that week. Furthermore, I notified my first supervisor upfront (by email or text messages) about the location and timing for data collection. In case of need for urgent contacts, I was able to contact the supervisors by mobile phone and vice versa. In addition, I held the contact details for the German consulate in St Petersburg and chose a local friend for my supervisors to contact and who could contact them if needed. Aware of the possible emotional impact of this research on myself – both regarding the research topic and spending a long, cold and dark winter in St Petersburg – I planned to take breaks and take time off research work. Finally, I kept an 'emotion diary' to document and often release personal emotional responses to conversations, observations and as well as the withholding of information that I experienced whilst collecting data. I have written more about the challenges of emotion management and emotional labour as the researcher in the reflections in chapter 9.

3.9 Research rigour: Ensuring trustworthiness and quality of research

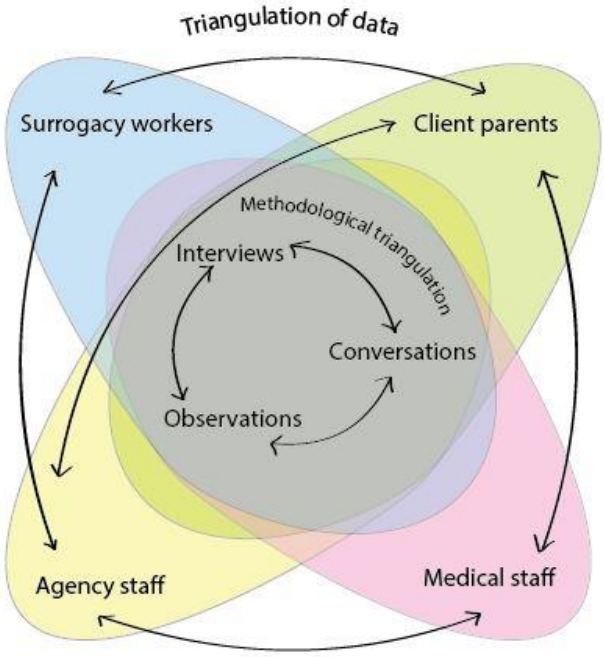
According to Bryman (2012:31-33), the most prominent criteria for ensuring quality in social research are reliability, the question of whether the results of a study are repeatable; replication, whether findings can be replicated when applying the same

procedures; and validity, concerned with the integrity of the conclusions. Lincoln and Guba (1986) however propose the following alternative terms to assess the trustworthiness and quality of qualitative, social research: credibility; assessing how believable the findings are; transferability: whether the findings apply to other contexts; dependability; whether the findings apply at other times; and confirmability, whether and to what extent the research has been influenced by the researcher's personal values (see also Bryman 2012:34). Considering Lincoln's and Guba's (1986) more suitable, I follow their approach and in the following sections, I elucidate my research conduct, and the decisions and measures I have taken to ensure rigour and quality.

3.9.1 Credibility

To establish credibility, I adopted a research approach that was appropriate and widely used: ethnography. The ethnographic approach was most suitable because, through its amalgamation of methods (semi-structured interviews, observations, conversations, ethnographic fieldnotes and secondary sources), it intrinsically established methodological triangulation (Reeves 2008). In addition to triangulation of methods, I also triangulated data from different research participants (within the groups of surrogacy workers, client parents, agency staff and medical staff, and between the groups) and secondary sources. See figure 3.12 for an illustration.

Figure 3.12, Triangulation of methods and data



The extended duration of the data collection period further strengthens the credibility of the research. It allows for the verification of early findings with discoveries made towards a later stage of the research, when the researcher is more familiar with the research field. It is one of the strengths of prolonged ethnographic research that participants give more precise, more detailed and truer answers after having established rapport with the researcher over a period of time (Boddy 2011). This extended stay allowed insight into the whole process of surrogacy, from its preparation stage and pregnancy until the delivery of the child, including complications, miscarriages and abortions, and from different perspectives (surrogacy workers, client parents, medical staff and agency staff).

A further step to achieve credibility was the use of diverse approaches to participant recruitment (gatekeepers, snowball sampling, online recruitment) to rule out potential recruitment bias, such as meeting only surrogacy workers that gatekeepers selected. As a result, I recruited a diverse participant sample. I made sure that all interview and direct ethnographic observation participants gave their voluntary informed consent

and maintained absolute anonymity and confidentiality. The features of informed voluntariness, anonymity and confidentiality ensure honesty. Underlying my methodological and recruitment approach and research conduct is my familiarity with the research site and research topic, as this PhD research emerged from my previous ethnographic research on surrogacy in Russia for my MSc (Weis 2013). Additionally, I have employed (peer) scrutiny by discussing my methods, recruitment approaches and analysis of empirical findings with my supervisors as well as with local sociologists in St Petersburg.

3.9.2 Transferability

Ethnographic research commonly focuses on unique situations. As a result, even if the research was repeated with the same methods, the results would differ (LeCompte and Goetz 1982). This pioneering qualitative research focused on the social organisation of commercial surrogacy in St Petersburg. The use of a relative small sample in comparison to the sample size of quantitative studies, and the contextual findings, might limit the extent to which my findings can be applied to other situations, but the review of literature based on empirical research on surrogacy shows that my findings and analysis link to wider research on commercial surrogacy. By providing detailed descriptions of my research setting, participant sample, methods and methodology, and a detailed account of how I derived my arguments and conclusions from the raw data, other researchers can make their own judgements about the possible transferability of methods and findings (Bryman 2012:378).

3.9.3 Dependability

Dependability in qualitative research, according to Lincoln and Guba (1986), is less concerned with the replication of findings, but on whether peers may establish that proper procedures have been followed and the research process has been transparent and comprehensible. To ensure the dependability of my work, I have provided detailed

accounts of my participant sample and methods. Further, I have kept a full record of all participants, interview recordings, transcripts, handwritten and digitised fieldnotes, and provided a detailed account of my data analysis and all decisions throughout my research. Furthermore, as I have used semi-structured interviews, I have interviewed all interview groups around the same themes, accounting for dependability on a small scale.

3.9.4 Confirmability

The concept of confirmability of qualitative research recognises that complete objectivity is impossible to achieve, yet that the researcher can show that she has acted "in good faith" (Bryman 2012:379). That means that the research findings are the result of data collected with integrity and sound ethical conduct. To ensure confirmability, I have adhered to sound ethical conduct, analysed dominant as well as deviant cases and narratives, indicated when cases were deviant or exceptional, and checked the codes applied for thematic analysis against the whole data set. Furthermore, I have been self-reflective and critically engaged and analysed personal emotional responses throughout the research process and data analysis (Koch and Harrington 1998).

In retrospect, I contend that my research conduct shows rigour and assures credibility, transferability, dependability and confirmability.

3.10 Summary of chapter

This chapter has provided an account of my research process, covering its epistemological and methodological underpinnings, the rationale for the choice to conduct ethnographic research, the process of recruitment, data collection and analysis, and ethical considerations.

The next chapter sketches the legal and social organisation of commercial gestational surrogacy in Russia and familiarises the reader with the medical steps of implementing a surrogacy pregnancy.

4 The legal and social organization of commercial gestational surrogacy in Russia

The aims of this chapter are threefold. First, it familiarises the reader with the Russian health care system, particularly concerning reproductive health, gives insight into Russian demographics and society's attitudes towards infertility and fertility, and briefly sketches the development of commercial gestational surrogacy in Russia and the public response to it. Secondly, it discusses the regulatory framework for commercial surrogacy in the Russian Federation, points out its weaknesses, provides an overview of the arrangement and contract options for organizing a surrogacy pregnancy and indicates the rates for prices, payments to surrogacy workers and eventual penalties. Third, it sketches out the steps, actors and institutions necessary to implement a surrogacy pregnancy and register the client parents as the legal parents.

I base this chapter on three sources of data. First, primary legislative sources and academic discourse on in/fertility, assisted reproduction and surrogacy in Russia. Secondly, interviews, conversations and observations with medical practitioners in fertility clinics, gynaecological units and maternity hospitals, agency staff, staff at civil registries, surrogacy workers and client parents. Thirdly, I draw on surrogacy agency and fertility clinic websites and public and freely accessible online forums, where client parents and surrogacy workers conversed. Juxtaposing official guidelines with my own observations and accounts of research participants allows me to point out the ambiguities and shortcomings of the regulatory framework for surrogacy in Russia, and thus provides insight on the front stage and back stage politics of commercial surrogacy (Berreman 2007:167).

Official statistics on the number and success rate of surrogacy cycles are non-existent in Russia. Surrogacy programmes are implemented in the private medical sector, and the managers of fertility clinics had neither obligation, nor – and in my experience – inclination to report their comprehensive figures.[24] Private fertility clinics only

[24] According to Dr Korsak, president of the Russian Association for Human Reproduction (RAHR), the RAHR Annual Report only features self-reported data on IVF cycles and surrogacy programmes in Russia and therefore may be incomplete.

hesitantly allowed me to apply my "ethnographic gaze *on* the medical gaze" (Inhorn 2004:2096), first to safeguard their patients' confidentiality, and secondly, to conceal their own legal trespasses, including sex selection for social reasons and the implementation of genetic surrogacy arrangements.

Surrogacy agency staff likewise provided no insight into the total number of attempts and successful arrangements. My questions pertaining to sensitive issues, such as the degree and measure of surveillance of their surrogacy workers, figures of success or failure[25] in the course of surrogacy workers' pregnancies, and legal questions around establishing parenthood for single men or gay couples, were often met with vague or evasive statements. According to each agency, their own record of practice was devoid of difficulties. At the same time, nearly all agency staff pointed out misconduct among their competitors. The accounts of surrogacy workers and client parents also included claims of misconduct on the part of agencies. Such "shadowed data" (Morse 2000:4), generated by the defensive mechanism of agencies denying their own shortcomings, yet blaming others for theirs, confirmed the existence of the risks and the inevitably precarious situations within which surrogacy workers and client parents navigated. First-time surrogacy workers, experienced surrogacy workers in agency arrangements and the one first time client mother in my sample acknowledged their own gaps in knowledge over the legal framework around surrogacy as well as legal and medical facts, and were unable to provide a coherent overview.

Gaining empirical insight into the inner workings of the Russian surrogacy business was therefore a tedious and often impeded process. Experiencing these impasses led me to seek and, thanks to sensitivity and intuition developed over the extended period of fieldwork, find useful data via circuitous routes, through tenacity as well as sheer serendipity.[26] The circuitous routes I had to take to obtain my data and the

[25]Such failures included failed embryo transfers, early miscarriages, spontaneous or requested abortions, pathologies during the pregnancy and post-partum complications for the surrogacy workers.

[26] To illustrate, agencies refused to provide me with copies of their contracts, explaining their refusal with the intention to keep 'commercial in confidence'. I was however able to gain insight into contracts when on one occasion, an agency manager provided brief direct quotations to address specific questions. In addition, one agency-employed surrogacy worker agreed to show her contract and in another instance, I found selected pages of third agency's contract temporarily displayed online, which I could save by making screenshots before they were removed. Furthermore, like client parents who

complexities of describing these routes and my findings make this chapter comparable to a mosaic, the tesserae of which I have collected over the period of field research. The extended research period allowed a growing familiarity with the field and with the help of methodological and data triangulation, I am confident that I have identified and combed out (deliberate) misinformation. This, and the difficulties in access, resulted in missing tiles here and there, but the picture as a whole is visible and comprehensible.

4.1 Setting the scene

In this section, I introduce the reader to the Russian health system, and political and societal attitudes to (involuntary) childlessness in Russia. I address the development of commercial surrogacy, along with the controversial attitudes and the impact the latter have had on the providers and the recipients of surrogacy services.

4.1.1 The Russian health system and women's health services in St Petersburg

In the Soviet Union, the health system was centralized and health care was freely available to every Soviet citizen. After the collapse of the Soviet Union, the system has been undergoing significant reforms, such as decentralization and re-distribution of administrative power between the 89 regions.[27] In 1993, mandatory health insurance was signed into law (Sinuraya 2000; Blam and Kovalev 2006), intended to guarantee universal access and comprehensive population coverage (Dubikaytis et al. 2010). Yet, while mandatory services are currently free of charge, under-the-counter payments for benefits are common and a commercial private sector, especially in the fields of

opted for direct arrangements (explanation below), I retrieved templates for surrogacy contracts on online forums, where client parents shared experience and advice. Client parents usually customised such templates and on two occasions, I had insight into such modified contracts.

[27] "The Russian Federation, following the 1993 Constitution, comprises 89 administrative units or regions. (…)These are: 49 oblasts, the commonest new government unit; six krays, generally larger in area than oblasts but with low density populations (…); 21 republics, with a majority non-Russian population; 11 autonomous areas, nine of which are linked with neighbours for certain purposes to form larger regions; and two 'cities of federal significance', Moscow and St Petersburg." (Danishevski et al. 2006:184)

dentistry, ophthalmology and infertility treatment, developed quickly (Blam and Kovalev 2006; Larivaara et al. 2008) to serve those dissatisfied with the state-provided services and who could afford private treatment (Temkina and Zdravomyslova 2008).

As a city of federal significance, St Petersburg forms its own regional administrative unit. Primary health care is provided to St Petersburg residents by polyclinics. Specialized services, such as women's health care, complement the system. Pregnancy monitoring, diagnostic services, gynaecological check-ups and contraception counselling are provided free of charge; abortions are undertaken for payment. Appointments can be made without referral, and delivery and in-patient treatment is provided free of charge in maternity hospitals (Larivaara et al. 2008).[28] However, this only applies to Russian and Belarusian citizens, and people with residence permit. Unregistered individuals and (temporary) visitors to Russia are charged for services (Rybakovsky and Ryazantsev 2005). Providing private, specialised services for surrogacy deliveries is a recent trend among private birth clinics as well as a few state maternity hospitals, for additional charge.

4.1.1 Fertility, infertility and pro-natalism in Russia

The fertility rate in Russia is declining (Federal State Statistics Service 2010; Orlova 2015) and women's median age at their first birth is increasing[29] (Ipatova and Tyndik 2015). Yet, while Russia's demographic trends are similar to other European countries, Russia experiences higher mortality and abortion rates[30] (Erofeeva 2013). The fertility decline, which is found in all social and ethnic groups, yet varies significantly among them (Sinyavskaya and Tyndik 2010), is linked to various socioeconomic and structural

[28] Women must utilize the institution of the city district where they are registered to access the free, state-provided services of women's clinics and maternity hospitals. Exceptions are made in cases where there are special needs (such as delivery while suffering from an infectious disease), as different maternity hospitals additionally specialize in different needs.

[29] In the cultural perception in Russia, already at the age of 25, primiparous women are considered 'old mothers' (Kesseli et al., 2005; Kesseli and Rotkirch, 2009).

[30] Excessive consumption of alcohol is a major cause of premature male Russian mortality (Zaridze et al. 2009; Andreev et al. 2013). According to Cockerham (2007), female Russians outlived their male counterparts on average by 13.5 years, making this gender gap in life expectancy the largest in the world.

factors. Avdeyeva (2011:378), for instance, analysing the 2010 demographic statistics of the Russian State Statistical Service, found that the majority of Russian citizens "[regard] having a child is the most important life goal (…) but choose to have fewer children than they wish (…) because they cannot afford raising children." Perelli-Harris' and Isupova's (2013:146) 2009 conducted survey illustrates this. They found that while the average number of desired number of children was 2.28 for women and 2.38 for men, the expected number of children was 1.72 for women and 1.90 for men. In 2015, the World Bank measured Russia's total fertility rate to be 1.8 births per woman (World Bank 2017). The discrepancy between the desired number of children and what people felt achievable amidst economic difficulties remain under the replacement rate of 2.1 children (Gordon 2013). Achieving replacement level therefore remains one of the priorities of Russian social policy (Kirpichenko 2017:235).

During Putin's first presidential period (2000-2008), comprehensive pro-natalist measures were put in place to bolster having children (Rotkirch et al. 2007; Avdeyeva 2011; Chirkova 2013; Frejka and Zakharov 2013). This especially focused on gender-biased, financial incentives, such as the maternity capital[31], which financially rewarded women for the birth of a second and each subsequent child, and increased parental-leave benefits for mothers. Concerning involuntary childlessness due to infertility, the government allocated an annual quota of 150 free in-vitro fertilisation (IVF) treatments to support involuntarily childless couples (Russian citizens). Kulakov and Leonova (2004 in Douglas et al. 2014) estimated that 15%-17% of married couples[32] in Russia experience infertility resulting in approximately five million women[33] of reproductive age in potential need of treatment in Russia. Given that that approximately 70,000 IVF cycles were performed in Russia in 2013, (RAHR 2015:13-14), the yearly 'federal quota' of free IVF treatment to only 150 couples remains marginal in impact and functions

[31] The maternity capital is a prominent measure of the Russian family policy introduced in 2006 and coming into effect on January 1, 2007. It entitles every woman to a payment of 250,000 Roubles after the birth of her second or subsequent child. The money, however, needs to be invested in either the mother's pension, the education of the child or payment to improve housing. The implementation is impeded by various bureaucratic obstacles (Borozdina et al. 2014).

[32] The indicated number does not provide information whether it was male or female infertility. Moreover, the authors furnished no particulars about single women's/men's status of fertility.

[33] Even if the cause of infertility lies with the male partner (such as the need for intra-cytoplasmic sperm injection [ICSI]), it is women who need to undergo the fertility treatment.

rather as a political stimulator than an effective relief. It encourages individuals with impaired fertility to apply for the quota, and if not selected or if their allocated cycle fails, to source the necessary money to pay for their own IVF cycles. In addition, mass media are encouraged to promote motherhood by favourably portraying pregnant women and young families (Timofeeva 2006 in Chandler 2013:121).

In summary, the survey results and the political measures have demonstrated that achieving a two-child family was a political agenda as well as desired by the majority of the Russian population. Against this backdrop, I explore society's attitudes towards involuntary childlessness in the next section.

4.1.2 "Motherhood is the highest embodiment of the feminine"[34]: attitudes towards (involuntary) childlessness in Russia

Both as a remnant of the Soviet ideology and object of current public rhetoric, motherhood is seen as a woman's true self-realisation and duty[35] (Shchurko 2012). Public discourses on reproductive choices are highly charged in moral terms (Brednikova et al. 2009:45). Analysis of political rhetoric revealed that politicians focus on women's moral obligation to bear children, but fail to consider economic hardship; Vasyagina and Kalimullin (2015:64) conclude that a "significant part of contemporary Russian women perceive motherhood as a burden, an obstacle to professional development [but] as something to which it is necessary to reconcile someday" (see also Erofeeva 2013:1931). Maleva and Tyndik (2015:164) contend that "reproductive attitudes (…) are initially formed in childhood and rely on the model of the birth family" and that the majority of women "inclined toward the viewpoint that 'children are the necessary condition' in order to be happy[36]." Infertile women who sought fertility treatment perceive public attitudes as hostile (Brednikova and Nartova 2007; Isupova 2011; Tkach 2009:153), and their inability to gestate as defective or a

[34] Vasyagina and Kalimullin (2015:61)

[35] The compulsory identification of womanhood via motherhood is increasingly challenged by urban young single women and female professionals who choose or advocate a voluntarily 'childfree' lifestyle (Borisenko, Belogay, Morozov, and Ott, 2016; Ivanova, 2015; Maleva and Tyndik, 2015).

[36] According to Maleva and Tyndik (2015:166), these Moscow findings can be extrapolated to St Petersburg.

shortcoming in their purpose as wives and citizens (Nartova 2009). The simultaneous increase in availability and access to ARTs adds to their pressure to overcome childlessness (Rusanova 2013). For the majority of women, "motherhood is the highest embodiment of the feminine" (Vasyagina and Kalimullin 2015:61) and its accomplishment is propelled by societal pressure. It is within such societal dynamics that the markets in surrogacy have gained a strong foothold in Russia.

4.1.3 The emergence of commercial surrogacy in Russia

Russia's first gestational surrogacy pregnancy was implemented in St Petersburg in 1995 and successfully resulted in the birth of twin girls (Isakova et al. 2001).[37] About two decades later, St Petersburg and Moscow have developed into Russia's main reproductive hubs. Today, the numbers of embryo transfers for surrogacy in Russia can be estimated to be in an annual four-digit range.[38] In comparison to the total number of births in Russia, 1,788,948 in 2010 according to the Russian Federal Statistic Service (EMISS 2017), the annual rate of surrogacy births is miniscule, not least because surrogacy arrangements are accessible for a wealthy elite only and involve a high failure rate. The absence of regional or national statistics impedes the attempt to understand the extent of the markets in surrogacy, but occasional insights allow a rough picture. One large Moscow-based agency that recruits surrogacy workers from

[37] Borisova (2014) contests Isakova et al. (2001), reporting an earlier birth in 1995 in Kharkov, Ukraine.

[38] I come to this estimate after comparing the publications by the Russian Association of Human Reproduction, statements by St Petersburg based surrogacy agencies over their annual birth rate and confident information by IVF specialists.
The Russian Association of Human Reproduction (RAHR 2015), which is the only Russia-comprehensive account for surrogacy, states that 855 surrogacy cycles were performed in Russia in 2013, of which 274 ended in childbirth (213 were single pregnancies, 48 twin pregnancies, four triplets or more, and nine pregnancies without specifications; in 68 cases, a pregnancy was initially conceived but lost). One surrogacy agency St Petersburg alone claims the birth of 52 surrogated children in 2015 (consequently having had a much higher number of failed embryo transfer cycles for surrogacy). With currently ten agencies operating in St Petersburg, at least that many operating in Moscow and no figures of the direct arrangements, the numbers published by the RAHR appear too little. Furthermore, in 2012 Dr Korsak, the president of RAHR, provided me with a RAHR report, he pointed out himself that numbers are not reliable. The participation in the survey and disclosure of figures is voluntary for private IVF clinics, thus possibly inaccurate (Weis 2013).
In 2012, Duma Health Committee chair, Sergei Kalashnikov, gave his estimate of surrogacy-born children to be 1000 (Tetrault-Farber 2012).

all over Russia for instance revealed that their selection rate of suitable surrogacy workers amounted to 10 out of 700 expressions of interest.

Despite the small numbers, surrogacy matters, as the Russian market in surrogacy is growing and becoming part of the global phenomenon of transnational surrogacy. Availability versus unavailability, significant cost differences and slack regulation, as well as inconsistency in regulation are a few among many factors that drive and complicate this global business (Deonandan 2015; Gupta 2012; Rotabi et al. 2015). Unlike countries known for their significant role in transnational surrogacy, such as India, the USA or Mexico, (Deomampo 2016b; Jacobson 2016a; Schurr 2016), until recently, Russia's market for surrogacy has mostly been serving its own citizens. However, in the wake of India and Mexico prohibiting surrogacy arrangements for foreigners in 2016, agencies and clinics in Russia increasingly advertise their services in English and various other European and Asian languages, and the proportion of foreign clients is growing.

In 2013, the Russian Public Opinion Research Centre (WCIOM 2013) survey found that 51% of respondents identified with the opinion that "surrogate mothers are doing something necessary and useful." Nevertheless, only 16% of respondents regarded surrogacy as completely acceptable, whereas 26% of respondents rated surrogacy as "morally intolerable." Analysing Russian print media, sociologist Nartova (2009:79) concluded that the widespread message was that "the only legitimate, normal and morally approved uses of surrogate motherhood (…) are those related to overcoming infertility" and to serve heterosexual, ideally married, couples. In addition, the extensive coverage of sensational cases by tabloid media as well as opinionated expressions of influential personae, further influenced the formation of public attitudes (McCombs 2004).

While conservative and religious voices detest surrogacy (Kirpichenko 2017), supporters see in it a timely method of infertility management. Discussing the societal and political attitudes towards surrogacy with the endocrinologist Dr Alexey, he pithily summarized his and surrogacy supporters' approach: "If a woman does not have a uterus, let another woman *with* a uterus carry the pregnancy for her." Following this

line of thought, infertile women who chose surrogacy to resolve their childlessness are attributed with a 'sane attitude', whereas women who decide against surrogacy, despite the possibilities it offers, once again fail in fulfilling their social and societal roles. Referencing the country's fertility decline, supporters of surrogacy press for wider access and even state-subsidized IVF cycles to boost Russia's population growths (Svitnev 2007). As Sarah Franklin (2013) remarked, trying to have children – by all means accessible – has become a new normativity.

Yet despite the legality of the procedure, the establishment of surrogacy as an infertility treatment and increasing testimonies by Russian celebrities over having used surrogacy, such as singer Ala Pugacheva and her husband Maksim Galkin (Ionova et al. 2013), surrogacy workers and client parents prefer non-disclosure to third parties, or, like the individuals suffering from infertility in Isupova's (2011) study, they sought online support and peer exchange protected by the anonymity of the internet. Nondisclosure on the part of surrogacy workers was often a strategic choice in order to avoid repudiation, belittling as a 'breeder', or discriminatory consequences for their own children due to ignorance or someone's personal moral grounds. Surrogacy workers themselves did not regard their occupation as morally reprehensible (see chapter 5). On the contrary, many perceived surrogacy as a sincere and even commendable way to support themselves and their families. Many took the stance 'ignorance is bliss' [*men'she znaesh' – kreptche spish'*] to spare primarily their parents from unnecessary worry and their families in general from public scrutiny. It became obvious in interviews and observing their surrogacy journeys over months and even years[39], that for some women, nondisclosure was not their preferred strategy, but the strategy they adopted for the sake of their families and partners.

The degrees of non-disclosure and measures undertaken to assure non-disclosure varied; once the belly starts protruding, some surrogacy workers ceased visits with family and friends and relocated from their social surrounding to another part of the city or to another city altogether. Some continued their every-day lives and jobs, yet

[39] As mentioned before, I had conducted my MSc research on commercial surrogacy in Russia, and upon return for my PhD fieldwork, I was able to reconnect with a few previous participants to continue learning about their journey of either continuing surrogacy work, or having left the reproductive markets, temporarily or for good.

covered up the absence of a child after birth with a 'white lie' of stillbirth. Ilya, for instance, who worked as a surrogacy worker three times, jokingly narrated how she bought her teenage son's compliance with computer games and twice cunningly faked grief over alleged miscarriages. Karina, who also had carried three surrogacy pregnancies, instead of hiding her pregnancies by quitting her job or moving away temporarily (see chapter 7), always took paid maternity leave and gave notice after delivery. Though she felt bad about parting from her colleagues like this, she regarded it as the most reasonable choice. I noticed a notable gender component in the choice of non-disclosure. While some surrogacy workers made it no secret to their side of the family and circle of friends, they did so for their partners' sake, in order to spare their men improper questions and accusations, such as 'what were you thinking to allow your woman to give birth for someone else?!', that is, for someone other than her husband.

Client parents' reasons for non-disclosure included shame over their impaired fertility, fear of discrimination, and paramount, the fear that their children would be discriminated against. To maintain their secret, client mothers strapped on fake bellies to suggest a pregnancy. Prior to the birth, many client mothers even rented a hospital room and took advantage of maternity hospitals' offer to photo-document 'their birth'. After the birth, many cut all ties with the surrogacy worker to avoid the leaking of information or living with the likelihood that the woman might one day contact them again (see chapter 6).

Commercial gestational surrogacy in Russia is not a new or isolated phenomenon, but practiced over two decades and links to the growing phenomenon of global surrogacy. However, despite a general – albeit heteronormative – acceptance of surrogacy as a solution to involuntary childlessness and pro-natalist and progressive voices even endorsing the implementation of surrogacy programmes, both client parents and surrogacy workers preferred nondisclosure.

4.2 The regulation of commercial gestational surrogacy in Russia

In this second section, I first provide an overview over the legal situation regarding commercial gestational surrogacy in Russia, including a critique of its gaps and short-comings. Secondly, I delineate the different options available to client parents and surrogacy workers to find surrogacy arrangements, which are either by seeking the service of a commercial surrogacy agency or operating at one's own risk by searching for a contract partner online. Thirdly, I provide insight into the various contract options, the rates of prices, payments and the penalties. By doing so, I show how the Russian approach to surrogacy is marked by the neoliberal ideology that favours free market capitalism and minimalist state intervention, and encourages market expansion to previously not commodified forms of labour (Cahill 2007; Nesvetailova 2005). Surrogacy is a prime example of the neoliberal expansion into reproductive services (Parry 2015b). In commercial surrogacy, women's uteri are seen as commodifiable, 'transactable spaces' (Cooper and Waldby 2014:85) that otherwise would be un-utilized and wasted (Vora, 2010).

4.2.1 Russia's legal framework and the shortcomings in the 'reproductive paradise'[40]

As mentioned above, the first gestational surrogacy twins in Russia were born in 1995 in St Petersburg. At this time, the law 'Fundamentals of Legislation on Health Care', adopted in 1993 to regulate IVF procedures[41] was the only legal document to provide guidelines for ARTs in general. The first 'official' client mother was a woman who had lost her uterus after her own pregnancy ended in a miscarriage. Aware of gestational surrogacy procedures in other countries, she convinced her 24-year-old nulliparous friend to act as her gestational carrier. However, Russia's first official gestational surrogacy worker experienced emotional troubles when 'handing over' the twins after

[40] Svitnev (2010)

[41] Russian Federation Family Code: http://www.jafbase.fr/docEstEurope/RussianFamilyCode1995.pdf (accessed 09/10/2015)
Federal Law on Citizens' Health № 323: http://www.rg.ru/2011/11/23/zdorovie-dok.html (accessed 09/10/2015)
Medical Order № 107: http://www.garant.ru/products/ipo/prime/doc/70218364/#1011, (accessed 15/09/2014)

a difficult pregnancy that ended with an unplanned Caesarean section. In response, the accountable doctors[42] formed a task force to give their recommendations that consequently significantly influenced the first surrogacy-specific legal document, the Russian Federation Family Code (Article 51). This document required that the intending surrogacy worker must have had at least one child by vaginal delivery, be between the ages of 20 and 35 years and in outstanding health. It further provided that only a married couple had the right to access the service of surrogacy and only if the client mother was infertile (Khazova 2002:350) (see appendix 7).

In 2011, the new Federal Law No. 323 (article 55) superseded the law on 'Fundamentals of Legislation on Health Care' from 1993 and to date remains the main regulating document for ART, including surrogacy (Kirpichenko 2017). The Federal Law extended the access to gestational surrogacy to unmarried heterosexual couples and single women (provided the client mother is infertile or the pregnancy constitutes an imminent threat to her life), after the previous regulation documents "[followed] the rule 'what's not prohibited, is permitted'" (Svitnev 2011:i149). Doctors and agency staff in my sample however have reported that also fertile, healthy women were given access to surrogacy programmes occasionally (see Dushina et al. 2016 for similar findings in Moscow). Further, the Russian legislation does not consider homosexual couples a family. Same-sex marriages in Russia are not officially accepted and alternative forms of union for same-sex couples are not legally provided (Pilipenko and Shefer, 2014). While single (lesbian)[43] women can achieve motherhood through surrogacy and legally register as single mothers, a single (homosexual or heterosexual) man cannot (Khazova 2013; Kirpichenko 2017), unless through a costly court ruling

[42] I interviewed two of the Russian surrogacy-pioneering doctors during my MSc research (Weis 2013); see also the publication by Isakova et al. (2001).

[43] A lesbian woman needs to conceal her sexual orientation. With second amendment of the Federal Law of Russian Federation no. 436-FZ of 2010-12-23 "On Protection of Children from Information Harmful to Their Health and Development" for "the Purpose of Protecting Children from Information Advocating for a Denial of Traditional Family Values" (in English-language media known as the "anti-gay propaganda law"), signed into law by President Vladimir Putin on 30 June 2013, the promotion of homosexuality among minors has become an administrative offence, with fines of up to 500,000 Roubles. As Amnesty International (2013) has pointed out, "there is no legal definition in the Russian law of what constitutes 'propaganda of homosexuality' and the law could be interpreted very loosely." Raising a child as a homosexual or in a same-sex family could be targeted as such a propaganda (see also RIA Novosti 2013).

(Svitnev 2012a).[44] Alternatively, a common circumventive strategy is to ask the surrogacy worker not to relinquish her parental rights but register as the legal mother on the child's birth certificate and cede all parental responsibilities to the client father/s. Such a venture is risky, as, even when signing a contract over such an informal arrangement, such contract is not legally enforceable if the surrogacy worker changes her mind (Family Code 51). In any case, it is at the discretion of clinic personnel to decide whether or not to implement a surrogacy programme for an individual not explicitly listed in the Federal Law No. 323 (see also Dushina et al. 2016:72). In Russia, the client parents can register as the child's parents only if the surrogacy worker has given her written consent, but adoption is unnecessary to reassign parenthood (Svitnev 2011). Sex selection for social reasons is prohibited (Svitnev 2012c). Nevertheless, I encountered two cases of pre-implantation sex selection. In both cases, surrogacy workers informed me about this, but were unaware that they were involved in an illicit procedure. Their client parents shared with them their wish for a boy and a girl respectively, and uninformed about the law, it did not occur to them to reject the procedure. Using the circumventive route of asking the surrogacy workers to maintain their formal parental right, but practically disengage from the surrogacy child to make surrogacy arrangements available for gay individuals, and enabling pre-implantation sex selection for social reasons, demonstrate how agencies and private fertility clinics privilege their commercial interests over the well-being and the legal integrity of the surrogacy workers. Finally, posthumous surrogacy, whereby conception occurs with the egg or sperm of a deceased person, is allowed and practised in Russia (Svitnev 2011).

While Konstantin Svitnev (2010), lawyer and owner of the surrogacy-facilitating law firm Rosjurconsulting, praises Russia as a 'reproductive paradise' and Russia's legal provision regarding surrogacy as well-regulated, Olga Khazova from the Moscow Institute of State and Law, concludes the opposite. According to Khazova (2013:311) *"*those few provisions on surrogate motherhood that exist in the Russian law hardly

[44] Another, circumventive strategy that is adopted in such cases is choosing an unmarried/divorced surrogacy worker who agrees to register herself as the child's mother and one of the client fathers as the child's father. However, that option is risky as it entitles the surrogacy worker to equal say.

correspond to the meaning that we associate with the word 'regulation'." Critics maintain that the legal framework is riddled with gaps and shortcomings, and exhibits "inconsistency in the use of medical terms (…) [and] lack of clarity regarding the rights and duties of the parties involved in the use of ARTs" (Kirpichenko 2017:234; see also Kirillova and Bogdan 2013; Sokolova and Mulenko 2013). My own empirical findings confirm Khazova's claim. While the current legal framework defines the contract partners, regulates the initialization of a surrogacy programme and to some extent, its ending, it "hardly (…) [gives] a precise answer as to whether surrogacy contracts are considered legally binding under Russian law or not. Neither legal nor court guidance has been given in this respect" (Khozava 2013:317). That means in effect that if the client parents for whatever reason want to disavow the child during the commissioned pregnancy or after delivery, yet before the surrogacy worker has ceded her parental right, the surrogacy worker keeps the child, as legally, she is considered the mother. Furthermore, the client parents are not obliged to pay the surrogacy worker for her labour. If the surrogacy worker rejects parenting, her only option is to give the child up for adoption. Lack of regulation also pertains to the embryo transfer and prenatal care. Selective foetal reduction is permitted in the case that three or more foetuses have resulted from an embryo transfer (Brednikova et al. 2009:49), but there is neither a legal limit of embryos per transfer, nor guidance as to who is responsible or eligible to reduce a multiple pregnancy, to terminate a pregnancy, or to respond to pathologies of the child. Moreover, there is no guidance for spacing between embryo transfer or trying to conceive the next surrogacy pregnancies after a previous delivery. According to the Federal Law No. 323, the surrogacy worker has the right to terminate the pregnancy like any pregnant woman up to the 12th week, or for medical reasons, at any point during the pregnancy. However, having entered a surrogacy contract, the contract commonly stipulates these decision-making rights to lie with the client parents, pitching state law against contract law. Hence, if a surrogacy worker aborts without the client parents' consent, the client parents can sue her and demand that she reimburses all incurred expenses (medical expenses, travel expenses, etc.).[45] There

[45] Konstantin Svitnev, among others, maintained that attributing maternal rights over the newborn to

is no regulation pertaining to what measures should be undertaken if a child is born disabled. One approach I have observed was to stipulate in the contract that in case of the birth of a disabled child, the surrogacy worker receives reduced compensation, but there are no guidelines as to whether the client parents have to assume responsibility over the child. Until the client parents register themselves as legal parents, they have no legal responsibility. Furthermore, there are no guidelines or limits to the nature of the invasive procedures the client parents can impose on the surrogacy workers.

In Russia, there is no legal age limit for the client parents (Rusanova 2013) and various agencies obliged their surrogacy workers to undergo amniocentesis if their client mothers were the egg providers and older than 40. As I will explain more in detail below, surrogacy workers in agency arrangements did not get the opportunity to choose their client parents and, if applicable, were forced to undergo amniocentesis without choice.

Surrogacy worker Tanya's experience illustrates the kind of quagmire that can arise out of the uncertainty of who is in charge over imminent decisions during the pregnancy: Tanya's ultrasound appointment at the fifth month revealed that the child suffered from life-threatening pathologies. It was likely that the baby would die in-utero. When the client parents had been informed about the finding and the doctor's advice to abort immediately for Tanya's sake, they vanished. For weeks, they neither contacted the agency nor answered phone calls or emails. Hesitant at first to arrange an abortion without the consent of the client parents, the agency then proceeded after a week. Only almost two months later the client parents contacted the agency to apologize for their silence and explained their state of shock. Tanya by then had left St Petersburg, with a small compensation and no intention of trying again.

Lack of regulation also pertained to what to do when two or more surrogacy workers (working for the same client parent/s) were about to give birth on different dates. Given the insecure success rate of IVF and surrogacy procedures (Mitra and Schicktanz 2016), particularly affluent client parents sometimes seek to enhance their chances by

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the surrogacy workers and their right to terminate the pregnancy to be the biggest faults in the current system and a legislative change to provide the client parents exclusively with the decision making power was overdue.

employing multiple surrogacy workers. Rada for instance worked for client parents who had hired two surrogacy workers besides her and all three women had gotten pregnant. When Rada was the first to go into labour, the client parents insisted and succeeded in making the doctors induce the other two surrogacy workers into labour to effect one date of birth for their 'triplets'.[46]

This overview of the legal situation regarding surrogacy in Russia, juxtaposed with critical scholarly voices and individual empirical cases that illustrate shortcomings, has shown that commercial surrogacy in Russia is minimally regulated, surrenders the responsibilities and risks to the individual and thus represents a neoliberal approach (McGregor 2001).

4.2.2 Arrangement options for commercial surrogacy

The two main arrangement options for clients to enter a commercial surrogacy agreement are either employing a commercial surrogacy agency that undertakes the selection of suitable surrogacy workers and all necessary communication and steps with clinics and lawyers from the planning stage until completion of the programme, or taking matters into one's own hands by choosing '*napryamuyu*', a direct arrangement. This section outlines these two arrangement options in detail.

4.2.2.1 Surrogacy agencies and agency arrangements

Surrogacy agencies are private commercial enterprises. They select suitable surrogacy workers among interested women, match them with client parents, provide client parents with legal guidance, supervise the pregnancies, provide a notary to take surrogacy workers' consent to hand the baby over after childbirth, administer the payment of the surrogacy workers, and finally, guide the client parents through establishing legal parenthood. No consideration of statutory conditions or licensing is

[46] In another case, two surrogacy workers hired by one client couple gave birth two weeks apart and the client parents achieved a court judgement for their children to be registered as if born on the same day to make it appear as if they were twins (Khazova 2013:317).

required to open a surrogacy agency.[47] The agencies in my sample varied in size and target group, from one or two to 60 pregnant women at a time. Some accommodated their non-local surrogacy workers in their own housing units; some specialized in services to homosexual men whereas others rejected them; and yet others focused on celebrities and VIPs. Agencies offered different packages at different rates (see appendix 8).

To work for an agency, potential surrogacy workers called or made first contact online. If they met the minimal criteria, they undertook the series of health tests as required in the Medical Order 107 (see appendix 7). Agencies covered these testing costs and provided non-local candidates with funds to travel to St Petersburg if regarded feasible. Upon positive outcomes of the medical test, some agencies conducted final interviews with the candidate to know more about her background and mind-set, while others used the test results to determine suitability and capability. Once approved, the women signed their contract with the agency and were entered into a database.

Interviews with a local surrogacy worker, a migrant surrogacy worker and a client mother have shown that at least two cases, one agency that maintained towards me and towards this client mother that all of their surrogacy workers undergo personal psychological assessment before selected, did not do so. The migrant surrogacy worker underwent the whole selection process and hormonal preparation in her hometown in Bashkortostan and met the agency staff only on the day of her embryo transfer in St Petersburg. The local surrogacy worker only met the agency staff on the day they presented her to an interested client mother. The practice of surrogacy worker selection, matching client parents and surrogacy workers and managing the contact between the two parties depended entirely on the policy and size of each agency and was not incumbent upon state regulation. To avoid misleading generalizations, but give insight into the procedure, I outline two exemplary approaches by two St Petersburg-based agencies.

[47] Agencies operating in St Petersburg who participated in my research were operated by former surrogacy workers, former doctors, and former employees of other agencies, lawyers, and in one case, by someone who has achieved parenthood through surrogacy.

'Happy Baby' is a large, well-established agency in St Petersburg. To match client parents and surrogacy workers efficiently, they offered the client mother a surrogacy worker matched by her menstrual cycle and blood type. If client parents had non-frivolous reasons[48], they could decline the match, or request a personal 'viewing'. For a surcharge, client parents could choose from the agency's catalogue. The surrogacy worker in contrast did not receive information about the client parents (unless the client parents desired a meeting prior to concluding a contract) and thus had no grounds for or chance to reject. In general, 'Happy Baby' strictly sought to avoid personal contact between surrogacy workers and client parents, reasoning that contact spoiled surrogacy workers by encouraging them to claim extra benefits, and led to jealousy amongst them. 'Happy Baby's conduct is representative of large-scale agencies (see also Kersha et al. 2015). Smaller agencies with fewer surrogacy workers at their disposal took longer to match, but conduct was also more personal. However, the decision if, when and how to meet the surrogacy worker still lay with the client parents. The smaller scale agency 'Promise' presented their clients' surrogacy workers for personal selection and approval to the client parents.

When agencies provided housing, it commonly was a flat shared by 3-5 women. Visitors were not welcome and husbands not allowed, as sexual intercourse is prohibited. Agencies further offered their client parents the regular supervision of their surrogacy worker during the pregnancy, including their diet, leisure activities and sleep patterns. One agency even offered client parents video surveillance[49] - for surcharge - if surrogacy workers lived in housing they provided.

In summary, the approach taken by commercial surrogacy agencies in Russia and the way they provided their services echoed the neoliberal set-up of surrogacy by law. Commercial surrogacy agencies filled the vacuum of minimalist state regulation by

[48] Frivolous reasons for a wish to decline that have not been accepted were the surrogacy worker's zodiac sign or regarding a 34-year-old candidate as too old after not having specifically requested a lower age limit than stipulated by the law.

[49] Such video surveillance in this specific case was installed through a laptop. The agency provided the surrogacy worker with a laptop that she was obliged to keep switched on. Whenever the agency director wished to 'have a look' at what the surrogacy worker was doing, or if she was at home at all, he remotely controlled the laptop to switch on the camera. Admitting that this is not entirely legal, he justified his intentions by having informed the surrogacy workers in advance and included the possibility of secret camera surveillance in the contract that they sign.

implementing and executing their own regulatory framework, collated at their own discretion and free from government intervention (McGregor 2001:83). By doing so, agencies offered client parents the sense of guidance that the scarce federal regulatory system deprives them. Finally, the matching process shows that agencies, in line with "the neoliberal orthodoxy" (McGregor 2001:83) of promoting consumerism, make their surrogacy workers consumable for client parents.

4.2.2.2 Direct arrangements

In direct arrangements, surrogacy workers and client parents conclude a contract directly between one another. To find each other, relevant online sites, such as Meddesk (see appendix 7) are the common route. Client parents and surrogacy workers browse and upload requests and advertisements on the designated platform.[50] Once contact is established, surrogacy workers and client parents bargain over the final compensation and details of the arrangements. If they are interested in each other's offer, they arrange to meet. At this first meeting client parents usually also present their selected candidate to their fertility expert for her/his approval. If the surrogacy worker is approved, contracts are commonly signed on the spot. In all cases in my sample, client parents were responsible for providing this contract. Plenty of templates for contracts circulate online and are customized for personal use. Extrapolating from customized contracts I have seen, these contracts complied with the minimum regulations and added further details, such as whether a surrogacy worker is allowed to drive or what protocol to adhere to in case of an emergency. Opting for a direct arrangement for client parents often means a significant saving in expenses as they do not need to pay the agencies' service charge.

For surrogacy workers, entering a direct arrangement could entail the advantage of greater transparency and more rights. Both sides inevitably were in contact with each other, allowing them to gauge each other's attitudes and reach a mutual agreement or, when the 'chemistry' was not quite right, either side could refrain before signing

[50] Such direct arrangements are also common in the US and called 'indy' in the local surrogacy jargon (Berend 2010; Jacobson 2016).

the contract. Risks however included the absence of external control or a mediator, and uncertainty over the sincerity of contractors. Breach of contract, such as a surrogacy worker's refusal to relinquish the child (NTV 2016) or the client parents' failure to (fully) compensate the service, were constant risks and occasionally reported in the media. Surrogacy workers' limited financial resources to employ a lawyer or travel to attend their court proceedings, as well as potential hesitance to disclose their activity, may discourage the affected person from bringing breached contracts before the courts, and the dread of having to reveal a surrogacy involvement often affected both parties. Official numbers regarding incidents of breached contracts or surrogacy arrangements that end up before a judge are non-existent. Agencies insist that their expertise will prevent such incidents and that therefore it is more advantageous for both the client parents and the surrogacy workers to employ an agency than to work via direct arrangement.

In this section, I have described the process of entering into a direct arrangement as an alternative to agency-mediated arrangements. Direct arrangements are commonly found online on appropriate websites. In direct arrangements, client parents and surrogacy workers carry far more risks and responsibilities as they themselves have to fill in for the minimalist role of the state. Direct arrangements are commonly sought by individuals who prefer interpersonal contact with their counterparts.

4.2.3 Surrogacy contracts, prices, payments and penalties

In this final section on the regulation of surrogacy, I first provide insight into the different kinds and contents of surrogacy contracts, and secondly, I review the prices agencies charge client parents, the payments surrogacy workers receive and the practice of and rates of penalties, imposed on surrogacy workers.

4.2.3.1 Surrogacy contracts

In direct arrangements, client parents and surrogacy workers agree over the conditions and payment in one direct contract. Commonly, the contract stipulates up to three embryo transfers (in case of failed transfers), the surrogacy worker's monthly allowance for food and transport, compensation for incurred costs for medication and pregnancy-related expenses, the final compensation after successful delivery. Further, it specifies dos and don'ts for the surrogacy worker at the discretion of the client parents. If the first embryo transfer results in a successful pregnancy and ends with the term birth of a healthy baby, the second and third embryo transfers lapse.

In agency arrangements, two or three sets of contracts are concluded: one each between the agency and the client parents, the agency and the surrogacy worker, and depending on the agency, one between the client parents and the surrogacy worker. The contract between the client parents and the agency includes selecting and supervising the surrogacy worker, arranging the delivery, and the bureaucratic aftermath of recognising the client parents as legal parents.[51] The surrogacy worker's employment contract is comparative to a contract for temporary work, more specifically, agency work. The typical triangular relationship for such a work arrangement consists of the surrogacy agency, the surrogacy worker and the client parents. Unlike in direct arrangements, the surrogacy worker cannot refuse terms or make adjustments, but submits to the agency's conditions and payment programme. Some agencies offer client parents pre-tailored programme options as well as individualized programmes and contracts (see appendix 9 for examples). As in direct arrangements, the surrogacy workers' contract with the agency includes compliance with three embryo transfers. Once the surrogacy worker is matched with the client parents, the agency hires her out to these client parents for the first embryo transfer. If the embryo transfer fails, or an initially conceived pregnancy is interrupted (by miscarriage or abortion) , the agency hires her out up to two more times to either the same or different client parents. Client parents pay the agency the entire programme costs upfront. However, the surrogacy agencies in my sample did not regard surrogacy workers as employees, but only contracted their service. They classified the money

[51] Some agencies who work with international clients take care of the Russian side of bureaucratic proceedings only and leave the paperwork of obtaining the child's passport to the client parents.

that they paid out after the delivery of the child as a reward for the surrogacy worker's time commitment and the possible adverse effects on her health (see also Farrugia et al. 2010). This money was not taxed and was paid out in cash. Surrogacy becomes part of the unofficial economy (Choi and Thum 2005). No governmental guidance exists regarding the contents of a surrogacy contract. This, and novice surrogacy workers' lack of familiarity with specific legal and medical vocabulary, puts surrogacy workers at risk of exploitation. The following statement by Daria, whose vocational training as a medical technician and previous experience as a surrogacy worker gave her unique expertise, illustrates the point:

> When I saw the contract with all the demands, I told them that I don't want that. (…) I didn't like that it included all those different penal sanctions. Some of them were crazy (…) after [reading] two pages I asked them to give me the contract to have a thorough read at home and they told me that I could read it only here, on electronic view. 'We will not provide you with a printed version to take with you', they said. I didn't like that. I was alert! I told them 'how do you think that an option? That I sign it like a cat in a bag, not knowing what I am getting myself into?!' [The contract included] such phrases as ''if the child is not born healthy, then the clinic might suspend the final compensation.' The concept of health is relative. (…) and they neither defined what is a term and a pre-term baby (…) when you give birth to twins, they are usually born a bit earlier. (…) and in such case [pre-term], the contract stipulated a significant reduction of the final compensation.

Daria decided against this offer, not least because she felt in no hurry to enter a second arrangement. Surrogacy worker Gabriela by contrast felt under immense pressure to find an arrangement and signed a suspicious contract despite not being given the opportunity to thoroughly read and clarify questions. At home, she read her contract copy thoroughly and pencil-marked ambiguous passages, some of which were entire pages long.

In this section, I have provided insight into the different kinds of surrogacy contracts. Client parents in direct arrangements sometimes allowed or even consulted their (experienced) surrogacy worker to have a say in the drafting of the contract. Commercial agencies on the other hand provided their surrogacy workers with a standardized contract while giving their client parents a choice between pre-tailored packages and individualized contracts for surcharge. In the absence of regulation or

external monitoring, these contracts could pose the risk of exploitation for the surrogacy workers.

4.2.3.2 Prices, payments and penalties

Users, providers and mediators of surrogacy services closely monitored the discussions on online forums and websites like Meddesk to set their prices. Though the requested and offered compensation for carrying a surrogacy pregnancy was steadily rising, it was not keeping pace with the overall nationwide rise in prices, especially in the real estate market. Doctors and nurses confirmed that while the money earned through surrogacy gestation bought a 1-2 room apartment in the 2000s, at time of data collection in 2014-2015, surrogacy workers already expected to carry two pregnancies to afford such an apartment.

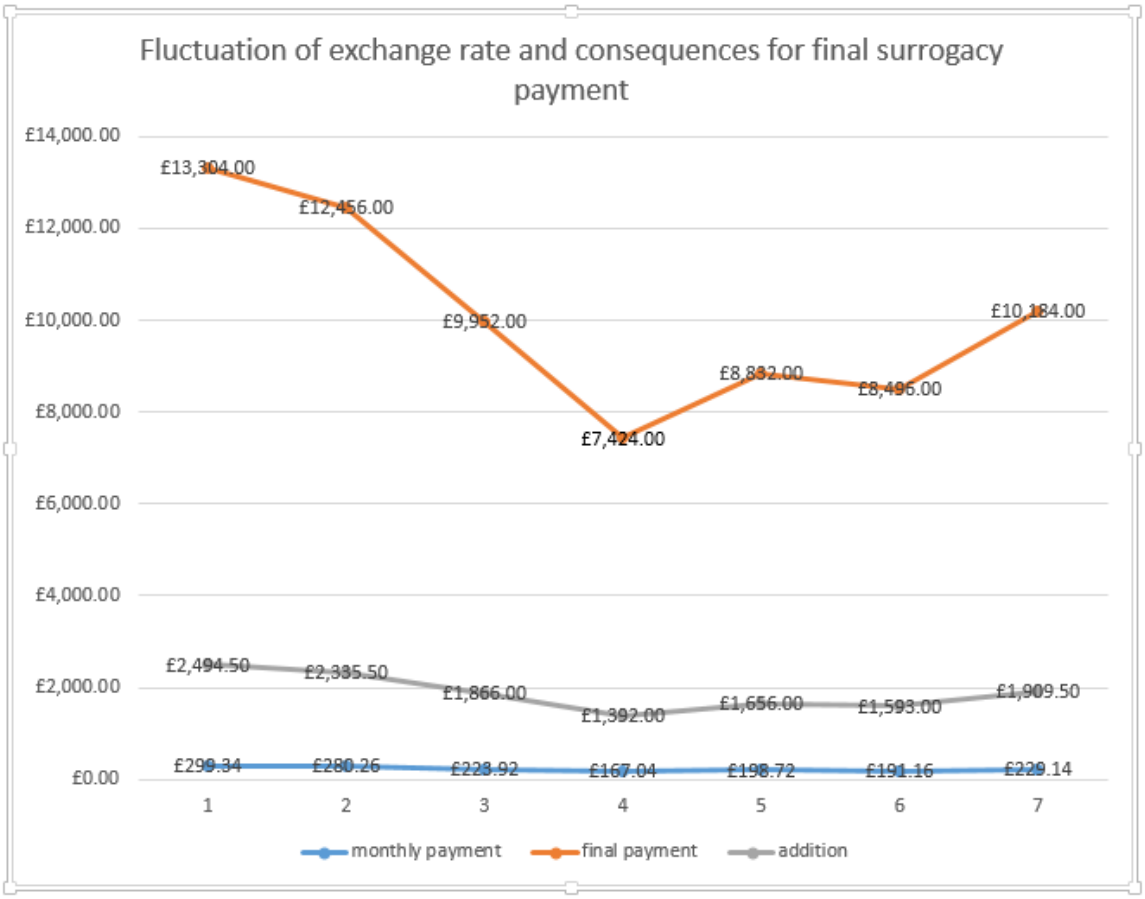
Remuneration for surrogacy is paid in Russian Roubles (₽). In July 2014 the Rouble depreciated, reaching its lowest value in December 2014 (Dabrowski 2015), while food prices went up (Nelson 2015). This economic development was imputable to the economic sanctions imposed by the USA and EU after Russia's annexation of Crimea and military intervention in Eastern Ukraine, as well as Russia's ban on certain agricultural products from the EU (Nelson 2015). The inflation affected surrogacy workers from abroad in particular, since they needed to buy the currency of their own country.[52] In spring 2015, the Rouble experienced a temporary appreciation, and dropped again considerably by December 2015. This fluctuation of rates could mean a significant earning loss for surrogacy workers, depending on when their contracts were concluded and when their money was paid out to them.

Due to this fluctuation in the exchange rate, I render the following prices, payments and penalties in Roubles at the rate during fieldwork from August 2014 – May 2015 and their fluctuating as well as average conversion into Pounds (derived from

[52] One surrogacy worker from the Republic of Moldova appealed to her agency to redraft the contract for a stable currency (Euros or Dollars). She elaborated: "When I signed the contract, the euro was at 50-something. When the euro had risen to 80, even 100 at a point, I told them 'Let us have a look at the contract, because I am not from here, I need *valuta* [foreign currency], Roubles won't get me anywhere'. (…) But they told me 'you have signed a contract'. And they refused."

calculation the average by means of the conversion values depicted below).[53] See figure 4 for an overview.

Figure 4, Fluctuation of exchange rate



		Pound Sterling						
	Russian Rouble	01 August, 2014	01 October, 2014	01 December, 2014	16 December, 2014	01 January, 2015	01 March, 2015	01 May, 2015
monthly payment	18,000.00 ₽	£299.34	£280.26	£223.92	£167.04	£198.72	£191.16	£229.14
final payment	800,000.00 ₽	£13,304.00	£12,456.00	£9,952.00	£7,424.00	£8,832.00	£8,496.00	£10,184.00
addition for twins or C-section	150,000.00 ₽	£2,494.50	£2,335.50	£1,866.00	£1,392.00	£1,656.00	£1,593.00	£1,909.50

In 2014/2015, surrogacy workers received a monthly payment, allotted for food and transport, of 15,000-20,000₽ [£170-226] and 25,000₽ [£282] in the case of twins. For a

[53] Source: www.xe.com/currencycharts/?from=RUBandto=GBPandview=1Y (accessed 13/11/2015)

final remuneration, surrogacy workers could expect 700,000–900,000₽ [£7,896-10,170] in St Petersburg and about 800,000–1,500,000₽ [£9,040-16,950] in Moscow.[54] Experienced surrogacy workers were offered an additional 150,000₽ [£1,695]. In the case of a multiple pregnancy or a Caesarean section, 150,000₽ [£1,695] were added. The latter was to compensate the surrogacy worker for the trauma and because, as a consequence, she would no longer be accepted as a surrogacy worker.

If complications demanded a hysterectomy, additional compensation would be paid on a discretionary basis by the agency or the client parents prior to signing a contract. In case of the embryo transfer failing, an early pregnancy loss, spontaneous abortion or abortion on request of the client parents, the surrogacy worker was entitled to compensation. This compensation was calculated according to the gestational week and the respective rates of agencies/client parents.[55] Pre-term births are compensated at a much lower level. For instance, for giving birth in the 32nd-34th week, the surrogacy worker is entitled to 60% of the stipulated payment.[56] Agencies or client parents may incur liabilities to compensate for necessary post-partum treatment in case of complications. For non-locals, agencies usually deduct 50,000₽ [£565] for providing accommodation, and a further 50,000₽ [£565] if their circumstances necessitate bringing their children (see chapter 7).

[54] An urban/rural and metropolis/periphery-gap (whereby women from smaller or far-flung towns are expected to be satisfied with less) was characteristic to the final remuneration, because agencies' or client parents were expected to cover the surrogacy workers' travel and accommodation expenses. East of the Ural Mountains, offers for gestating a single pregnancy started at 500.000₽ [£5.650], as these surrogacy workers were aware that their demand for compensated travel costs would entail a lower compensation expectation, in order to make them competitive with local women who do not generate travel and accommodation expenses for the client parents (see chapter 7).

[55] It is noteworthy to remark that compensation in case of pregnancy loss is not calculated in a direct relationship to the stage at which the pregnancy was lost. Instead, it was at the discretion of the agency whether to compensate the first three months at all. From the fourth months on, every successful week of pregnancy is compensated at a certain rate. Hereby the weekly rate for the second trimester was lower than the weekly rate for the third trimester.

[56]Various doctors and agency workers suspected surrogacy workers of inducing a pre-term delivery, accepting the potential damage it could do to the child in order to reduce the duration of the pregnancy. In order to prevent this, agencies introduced the fines/salary reduction for pre-term birth into the contracts.

One contract (of a direct arrangement that I was given for insight, but not allowed to keep or photo-document) stipulated that there would be no compensation for the surrogacy worker should the child be born dead, or die shortly after birth and before parental rights were assigned to the client parents (for more information see further below, or be born with severe disability caused by the birth.

To compare: a 2011 poll in the USA showed that of 245 participating surrogacy workers, 91 earned $41,000-$80,000 [£32,227-£62,883][57] and 92 made $81,000-$100,000+ [£63,660-£78,592+] in yearly, non-surrogacy family income. The remaining respondents were in the $25,000-$40,000 [£19,648-£31,434] income bracket (excluding surrogacy compensation) and thus a surrogacy compensation of $25,000-$50,000 [£19,648-£39,293] can equal their regular annual income (Berend 2016). In contrast, a surrogacy worker in Russia generally earns a remuneration that far exceeds her annual income. Given an average monthly salary of ~14,900₽ [£168] in the Siberian Federal District and a national average of 18,500₽ [£209], the 15,000-20,000₽ [£170-226] during the pregnancy already substitute or double regular wages (Holland 2014:170-171) (chapter 5).

Abstinence from harmful substances and behaviour (e.g. alcohol, narcotics, handling hazardous substances) is required from surrogacy workers and non-compliance punished via financial penalties, which are subtracted from the final remunerations. Depending on the contract, prohibited behaviour included sexual intercourse, travelling, driving or using public transport. Penalties were also given for non-compliance with dietary requirements or an exercise regime, or not answering phone calls. The severity of these penalties depended on the contract.[58] Rigorous contractual measures were the client parents' and agencies' attempt to address the gaps and shortcomings in the legislation and to attenuate concerns. In the absence of state intervention, individuals shoulder the responsibility and accountability to organise surrogacy arrangements. As Daria's experience (see section above) of being confronted with unclear contract conditions yet clear fines has shown, the neoliberal organisation of surrogacy in Russia is implemented at the expense of surrogacy workers' rights and protection.

For client parents, the cost of implementing a surrogacy arrangement varied. In direct arrangements, client parents had to agree about the pricing with the surrogacy worker

[57] Source http://www.xe.com/currencyconverter/convert/?From=USDandTo=GBP, as converted on June 13, 2017.

[58] To illustrate: clauses in the 'Conceive' agency's contract intend to cancel the entire compensation in case of a violations of the terms, whereas the 'Promise' agency subtracts 10% of the final compensation for each misstep.

and pay for all required medication, and the surrogacy worker's transport and accommodation. If client parents turned to agencies, they could choose between different offers (see appendix 9). As agencies charged high prices for their expertise and service, client parents with a restricted budget were more likely to turn to direct arrangements.

Summing up this section, I have shown that there is no fixed pricing or payment scheme for surrogacy services in Russia. Instead, rates vary from agency to agency or depend on the offer or mutual agreement between client parents and surrogacy workers in direct arrangements. Experienced surrogacy workers can charge higher fees for their work. In order to guarantee no misconduct on the part of the surrogacy workers, contracts stipulate fines for breaches. For surrogacy workers in Russia, the potential compensation constitutes a significant improvement to their annual earnings.

4.2.3.3 Classifying surrogacy workers' employment status

Even though the practice of surrogacy is well established, surrogacy workers' employment status in Russia remains undefined. Surrogacy workers themselves commonly made sense of their employment status by referring to themselves as 'hired workers' and 'employees', and to their client parents and/or agencies as their 'employers'.[59] Agency staff described surrogacy workers' activity as 'working for us' and one representative referred to them – I assume to present themselves favourably towards me – as our 'colleagues' [*sotrudniki*]. The reality of the arrangement, whether it was made through an agency or directly between surrogacy workers and client parents, was that surrogacy workers did not have the legal status, rights and protection that employees enjoy. Employees receive work contracts with hours and wages, work insurance and sick leave. They have bargaining rights, and pay taxes and into pension schemes (Barron 1999; Edgell 2012:150). Many of these factors did not

[59] Anyuta for instance explained "I am like a worker for them during the time of the pregnancy, because I need to fulfil their requests" and Ilya explained that *surmamas* need to "clearly perform duties, like in an employee-employer [relationship]."

apply for surrogacy workers, such a paying tax, and others, like paying surrogacy workers a salary between embryo transfers, were ignored.

The social organisation of commercial surrogacy in Russia suggests that surrogacy workers are independent contractors. Self-employment in Russia is largely informal and many agents do not register as legal employers in order to avoid taxation. Surveys of independent contractors in Russia who exploit their human capital have shown that they display highly opportunistic behaviour, are part of a marginalised precarious workforce, and the majority is aged under 30 (Shevchuk and Strebkov 2012). This new model of work, which was illegal in the Soviet Union, applies to surrogacy workers. They are young, precarious, entrepreneurial and rich in human, more specifically, in reproductive capital (see chapter 5 and 6).

It is considered an indicator of being an employee that the employer has greater control over the employee's activities, yet that the employee is provided with more working rights than an independent contractor, who in turn has more autonomy than an employee. The opposite is true for surrogacy workers: agencies and client parents faced no regulations that limited their methods of managing their surrogacy workers, intruding on their privacy and controlling their labour, while surrogacy workers had few rights and little or no protection vis-à-vis their 'employers'. When I contemplated the possibility of acknowledging surrogacy work as a form of employment and the innovations it may bring in the presence of two surrogacy workers and the legal advisor of the 'Happy Baby' agency, the latter laughed and said "Don't you worry, our *surmamas* are happy with the situation as it is. None of them would like to have their compensation reduced [taxed]."

This shows the difficulty of defining the employment status of surrogacy workers in Russia and reflects the need to interrogate the applied terms and extending the debate over what type of work surrogacy is and what it should be.

4.3 The milestones of a surrogacy journey

Describing surrogacy arrangements as a journey is a popular metaphor among surrogacy workers, client parents and researchers (Kleinpeter et al. 2006; Menichiello 2006; Fisher 2013). I also adopt this metaphor as I outline the milestones of the surrogacy journey, the preparation period and conception, the monitoring of the surrogacy pregnancy, and finally, the delivery and registration of the child. As I map out the surrogacy journey, I introduce the key actors and institutions.

4.3.1 Conceiving: hormonal preparation and embryo transfer

The embryo transfers are carried out in private fertility clinics.[60] This includes the hormone therapy for the surrogacy worker containing progesterone and oestrogen to build and thicken her uterine lining and make the uterus receptive for the embryo[61], fertilising the gametes and growing the embryo in a petri dish until it is transferred on day three to five. The surrogacy worker continues to administer those hormones until day 10, and if the blood test for the levels of human chorionic gonadotropin (hCG) confirmed the pregnancy, she continues administering them further until the end of the first trimester.

Fertility clinics do not take care of legal aspects of surrogacy; this responsibility is ceded to agencies, or the client parents in direct arrangements. However, fertility clinics sign contracts with surrogacy workers and client parents to protect themselves from any risks or complaints. These contracts provide evidence that the respective contractors have received a consultation, are aware of medical risks and give informed consent to the procedure.

As mentioned above, there is no law concerning the number of embryos that can be transferred in one attempt. One high quality embryo is recommended, but on the

[60]Private fertility clinics are independent units. A patient's history remains confidential. Consequently, a clinic cannot trace whether and how often a surrogacy worker has had previous unsuccessful embryo transfers, abortions or has worked as egg donors. Some doctors have expressed their concern and discontent over how the ongoing commercialization of reproduction puts a strain on women's reproductive health, decreases the quality and quantity of donor eggs, resulting in a decreased likelihood of a successful pregnancy, and having disappointed patients and poor statistics.

[61] Before the embryo transfer, the surrogacy workers' menstrual cycle is suppressed. Natural ovulation does not occur, hence there is no corpus luteum (remnants of the ruptured ovarian follicle convert into corpus luteum, also known as yellow body) develops and consequently no endogenous progesterone is secreted. These substitute hormones can be administered in form of injections, pills, gels or vaginal suppositories.

request of the client parents and with permission of the surrogacy worker, up to three embryos can be transferred (see also RAHR 2015:17).[62] On the day of the embryo transfer, the clinic issues a document including the information that the respective woman had received an embryo transfer as a 'surrogate mother' to the client parents (see appendix 7).

4.3.2 Gestating: the course of the pregnancy

If the hCG test confirms a pregnancy, the agency or client parents choose whether their surrogacy worker seeks prenatal care in the same clinic or any other state or private women's clinic. The agencies in my sample collaborated with selected women's clinics where the staff were aware of the surrogacy arrangement. In direct arrangements, surrogacy workers often visited the same women's clinic or gynaecological unit that they visited during the pregnancies with their own children; some informed their doctors about the surrogacy arrangement, while others reported only the preceding IVF procedure, because of the supplementary hormones during the first trimester. Usually three ultrasound screenings were scheduled (in weeks 12, 22 and 32), and depending on the relationship between the surrogacy workers and the client parents or their contractual agreements, client parents were present.

Some surrogacy workers continue other paid employment until 70 days prior to the estimated delivery date, to benefit from paid maternity leave, if their client parents permitted it. Agencies were less willing to permit their surrogacy workers to continue working. Surrogacy workers from abroad who stayed on a work permit obtained through a surrogacy agency were prohibited from taking up paid employment, as their work permit is restricted to the agency that hosts them. However, if these women initially had come to Russia for paid employment, having taken care of their own work permit, and then opted for surrogacy, they could continue in paid employment. Therefore, the employment status of surrogacy workers in my sample varied,

[62] Surrogacy workers were not informed whether they were undergoing embryo transfers with embryos created from young donors with higher pregnancy success rates or from client mothers at advanced age with risk of 'poor quality embryos' – as they are referred to in the clinic jargon (Weis 2013).

depending on where they reside, from where they have travelled, what arrangement they have chosen, and most importantly, what requirements were imposed on them by the client parents.

4.3.3 Delivering: giving birth and relinquishing the child

A few weeks prior to the estimated date of birth, the surrogacy worker registers at the maternity hospital of their, their client parents or agency's choice.[63] Surrogacy workers give birth in private maternity clinics or the private units of state-run maternity hospitals. These units allow the surrogacy worker to be accommodated in a private single room, and the client parents in another. Depending on prior arrangement, the client mother is present during the birth to take part in the experience and support the surrogacy worker, or waits in the neighbouring room for the infant to be brought to her immediately. Unless otherwise agreed, nurses do not show the child to the surrogacy worker, and she then receives medication to stop lactation[64]. In most agency arrangements, the client parents and the surrogacy worker never meet. Hence, even if the family birth unit is small and the surrogacy worker and the client mother have possibly encountered each other, the surrogacy worker would not be able to recognize her.

Maternity hospital D is one of St Petersburg's institutions specialized in 'surrogacy births'. One of their psychologists, Dr Ivan, who also works with surrogacy workers and client parents, pointed out:

> Many [intending] parents don't want this surrogacy solution to be in their medical history. The staff need to be instructed and schooled, and notified that she is a surrogate mother and this has its peculiarities.

[63] In direct arrangements, when client parents and surrogacy workers do not reside in the same place, the surrogacy worker relocates three to four weeks before birth. In such cases, the client parents either host their surrogacy worker, or more commonly, provide a room or apartment (see chapter 7).

[64] If during the pregnancy, the client parents and the surrogacy worker have forged a supportive relationship, some surrogacy workers offer to breastfeed, either by letting the baby suckle while in the clinic, or expressing milk. In a few cases, surrogacy workers continue to express and receive additional compensation for their milk.

These ‘surrogacy peculiarities’ were to document a surrogacy birth as such, and not by neglect or ignorance omit that information. Within a day or two of the birth, a notary takes the surrogacy worker’s written consent that she relinquished her rights as a mother in favour of the client parents, so the latter could subsequently register as the legal parents (see below for details). After three days, the surrogacy worker is released, receives her payment and all contract stipulations are met.

In Russia, unlike in India (Rudrappa 2015), surrogacy agencies sought to avoid Caesarean sections among their surrogacy workers. The majority of doctors were opposed to working with women who had a Caesarean, and in the few cases in which they accepted them, they demanded at least two years to have passed since the Caesarean birth. Agencies uniformly agreed that the demand for services by client parents was higher than their offer in surrogacy workers, therefore rendering a surrogacy worker *unsuitable* by performing an unnecessary Caesarean section was uneconomical, especially since client parents prefer and are prepared to pay a higher sum for an experienced surrogacy worker. When client parents request a Caesarean section for non-medical reasons, this has to be included in the contract on the approval of the surrogacy worker, and a higher compensation has to be paid.

4.3.4 Finalising: transferring parenthood to the client parents

In essence, the implementation, pre-natal care, birth, and the bureaucratic completion of a surrogacy pregnancy involves various actors and institutions. Reproductive endocrinologists in private fertility clinics prepare the surrogacy worker and administer the embryo transfer, the surrogacy worker seeks prenatal care in a women’s clinic of her, her agency’s or client parents’ choice, and finally delivers in a private maternity clinic. Once the child is born, the surrogacy worker officially signs her maternal rights away so that the client parents can obtain legal parenthood. She does this by bringing her statement and the further supporting statements from the embryo transfer and the maternity hospital to a civil registry.

Once they have the collated documentation of the embryo transfer, the birth document issued by the maternity hospital and the consent form signed by the surrogacy worker (see appendix 7), client parents apply for their child's birth certificate at the civil registry. The birth certificate mentions only the name of the client parents. Genetic links to the child are irrelevant when obtaining a birth certificate and registering as legal parents (Svitnev 2011). In the case of foreign client parents, they further need to obtain the relevant travel documents for their surrogacy-born child. Surrogacy agencies in St Petersburg rarely offer this service and client parents are left to make their own arrangements.[65]

4.4 Summary of chapter

In this chapter, I provided an overview of the legal and social settings of commercial gestational surrogacy in Russia. I outlined the (reproductive) health care setting and gave insight into the organisation and the course of a surrogacy pregnancy. In order to implement a surrogacy pregnancy, client parents and surrogacy workers pass through various medical institutions, from private fertility clinics and women's clinics to maternity hospitals. I showed that the medical services to implement a surrogacy pregnancy are mostly, if not by choice exclusively, purchased on the private market. I further showed how the market for gestational services evolved in a sociocultural setting where women with impaired fertility perceive their condition as degrading and shameful, while surrogacy workers preferred non-disclosure to avoid discrimination. These sentiments and choices show that despite surrogacy being well established as an infertility treatment, it remains controversial.

By giving insight into the legal and regulatory framework, I have made apparent that commercial gestational surrogacy in Russia is minimally regulated and its practise evolves in the private sphere. The legal framework represents a neoliberal approach, characterised by turning the responsibility of regulation and implementation of

[65] Fearing complications when their country of origin/residence does not support or acknowledge reproduction via surrogacy, some client parents seek to conceal the surrogacy birth, such as in the case of Paradiso and Campanelli v. Italy, which led to a custody battle over the child in Italy.

surrogacy arrangements over to private fertility clinics and to private agencies, who on top of that need no accreditation to establish their businesses. Left to self-organization, direct arrangements over the internet and agency-mediated arrangements are the two most frequently used ways of organising a commercial surrogacy.

As I indicated at the beginning of this chapter, putting this picture together was an often-impeded process: agencies and clinics hesitated to collaborate, and their statements, answers and figures were frequently incomplete or contradictory. The fact that I was not able to distil the essence of the surrogacy business from the surrogacy workers themselves, despite them being the main actors and the ones most affected by the law, underscores the opaqueness and complexity of the field.

In the following chapter, the first substantive findings chapter, I focus on tracing surrogacy workers' routes and decisions to take up this occupation as well as their rationales for choosing their respective arrangements.

5 Becoming surrogacy workers in Russia: Women's motives and their decision-making processes

> How I had the idea? The idea was based on something absurd: I decided to be a [surrogate] mother to solve my financial problems. [Surrogate motherhood] is an opportunity to receive the biggest possible sum of money in the shortest possible time. (…) I am a single mother. I lived with my parents and I needed to find a place of my own. So I went online, I simply wanted to know how much I could make. (…) Before the idea [to become a *surmama*] turned into a firm intention, I thought through all its moral aspects thoroughly, for over half a year. (…) I asked myself: Can *I* go for this? Can I tell my mother about this? Can I tell my friends about this?
>
> – Diana, surrogacy worker

This brief reflection shows how Diana consolidated her initial curiosity about becoming a surrogacy worker into a firm decision. In it, she captures the core concerns of many women in the same position: pressing financial necessity, the questions about whether one is suitable and capable, the reaction of family and friends, and how to organise the process. This decision-making process, from learning about commercial gestational surrogacy to deciding 'this is the right thing for me to do', is the subject of this chapter. The chapter further answers the question of how surrogacy workers understand the implications of gestational surrogacy and how they frame their service of surrogacy gestation as moral and as work. Finally, it looks at which necessary organisational preparations have to be undertaken before women could sign a contract to become a surrogacy worker.

I begin this chapter by introducing how women learn about the opportunity to become surrogacy workers. From there, I focus in on the women themselves: I show how social and further intersecting gender stratifications constitute the cornerstone of the markets in surrogacy, and how women who became surrogacy workers made sense of their role as workers. Next, I explore how those women who asked themselves "Can I do this?", and answered, yes, reached their decision. I identify women's understanding of their role as surrogacy workers before embarking on the process and demonstrate how they grappled with the morality of surrogacy and how they assessed their own moral preparedness to be surrogacy workers. In doing this, I draw on Hochschild's

(1979) analytical framework of emotion work. From there, I move to the wider social dimension of surrogacy workers' family and social surroundings, and how they worked out what need to be done to achieve their goal'. Finally, I give insight into surrogacy workers' rationales and incentives for repeating surrogacy work.

This chapter draws on interviews, informal conversations and observations with 19 surrogacy workers, as well as interviews with one IVF doctor, five client parents and three agency staff members. Both when defining the guiding questions for my research and incorporating them into my interviews during data collection, I avoided asking 'why'. I contend that asking 'why', as in "Why are you doing this?" carries an inherent judgement and requests an explanation, which in turn singles out the choice as extraordinary or deviant.[66] This approach is inspired by Elly Teman (2008), who criticised the way psychosocial scholarship suggested and even sought to prove either an abnormality in the personality profile of surrogacy workers (Teman 2008:1105) or a "good reason" for their choice to carry a commissioned pregnancy if they were "normal" women (Teman 2008:1107). By asking 'how' instead of 'why', I intended to minimise bias and judgment. Instead of asking surrogacy workers to explain or justify their choices, I sought to invite them to tell their stories. By narrating the 'how', I move away from simple 'cause and effect' and discuss the decision-making process of becoming a surrogacy worker within women's lived realities and social-economic contexts.

5.1 Who becomes a surrogacy worker in Russia?

5.1.1 Awareness and public knowledge about commercial surrogacy

In Russia, surrogate motherhood is no exotic rarity. During the ten months I lived in St Petersburg, I experienced a general awareness amongst others of the fact that surrogacy is an optional fertility treatment and for surrogacy workers a well-paid occupation, more lucrative than most available employment options for mothers.

[66] See Pizitz, McCullaugh and Rabin (2012) for a recent approach of comparing the psychological profile of surrogacy workers against a 'normative female sample' to explain *why* some women become surrogacy workers while others do not.

There was also a general awareness of the fact that in Russia surrogacy workers become pregnant following an IVF procedure with a donor egg, not intercourse, and that gestational surrogacy is the only legal form of surrogacy arrangement. In addition, the majority of people I encountered in day-to-day life outside my research and with whom I spoke about it, found it morally questionable: derogatory remarks about the character or morality of surrogacy workers were not uncommon.

In recent years, surrogacy in Russia has repeatedly hit the headlines and made it into popular talk shows. For example, one of the top tabloid media news stories in September 2013 focused on the Russian pop diva Alla Pugacheva (aged 64) and her husband Maxim Galkin (aged 37), who became parents of twins using the services of a surrogacy worker (Ionova et al. 2013). Surrogacy worker Anna recalled:

> When I was pregnant with that [surrogacy child] for the first time, just at that time it was all about this Pugacheva woman. That's when it all started, this hype, and those demagogues, stakeholders I mean, they started fighting (…). For the last three months of my pregnancy, it was on every TV channel.

In November 2013, the conservative State Duma Deputy Yelena Mizulina made a controversial comparison, suggesting surrogacy's destructive force to the Russian nation was similar to that of nuclear weapons (Lenta 2013), and therefore proposing to ban surrogacy. Yet in spring 2014, Mizulina announced a change in her agenda; she no longer sought to prohibit surrogacy, but rather to strictly restrict access to heterosexual married couples struggling with infertility, in order to combat Russia's fertility decline (Izvestia 2014). Besides the tabloid media furore, advertisements for surrogacy workers litter the internet and are placed among employment ads in newspapers (see appendix 9). In the context of omnipresent everyday confrontations with surrogacy — now presented as a promising work opportunity, then dismissed as immoral and dangerous — it is interesting to know how some women decide to become surrogacy workers, while others do not, and to understand what is important to them in their decision-making processes.

5.1.2 First steps towards becoming a surrogacy worker

For some women, the media coverage on the topic of commercial surrogacy aroused their initial curiosity and interest, and from there they turned to the internet, where a search for 'surrogate mother' and 'St Petersburg' provided links to commercial agencies and clinics. Others were enticed by the ads placed online. First-time surrogacy worker Olesya's comment exemplifies: "Well, I didn't exactly search for it – one stumbles across a million references online." Ilya, who carried three pregnancies over the course of five years, remarked "oh, I don't even remember anymore, where I got [the idea] from. I watched something, or read it somewhere. And then, once I was interested, I started reading online and gathered information. I saw application forms, and contacted clinics." Only one woman among my participants, Mila, who was from a small town in Belarus, was not aware of the commercial practice of surrogacy until her acquaintance Nadzeya informed her as part of a successful attempt to recruit her. Nadzeya had been a surrogacy worker for a St Petersburg-based agency herself. She had initially kept her activity hidden during the pregnancy, but encouraged by her agency to introduce further women for a bonus of 10,000₽ [£113] for each woman who got pregnant, she singled out women among her acquaintances whom she thought would be interested. Though recruitment via current or past surrogacy workers exists in Russia, it remains a marginal entry route into surrogacy. By comparison to India, where empirical scholarship suggests that the majority of women are recruited by former surrogacy workers as well as by women specialized in working as recruiters and brokers (Pande 2014; Sharmila Rudrappa 2015), women in Russia are much more proactive in seeking and entering surrogacy arrangements.

5.2 Social stratification: the cornerstone of Russia's surrogacy business

In this section, I outline how the practice of gestational surrogacy in Russia is structured by class and gender inequalities, relying on and reproducing social stratification. I explore women's backgrounds and their motives for becoming surrogacy workers and show that even though their motives are primarily financial,

surrogacy workers in Russia do not turn to surrogacy out of financial desperation, but approach it as work and an earning opportunity. Nevertheless, inequality in socioeconomic status between surrogacy workers and client parents constituted the cornerstone on which the Russian surrogacy business is built.

5.2.1 Social stratifications between surrogacy workers and client parents

Social stratification denotes the process of categorizing people into hierarchical socioeconomic strata and roles within society, where "members of the subordinate group usually have 'impaired access' to social, occupational, political, and other valued roles, while members of the dominant group tend to have more or less unlimited access to the same roles" (Ogbu 1979:7). The surrogacy workers in my study all lived on a significantly smaller income and had more limited employment options than their commissioning client parents, and did not have access to the same level of reproductive care when carrying their own children, let alone the economic capacity to rent someone else's womb. However, while many experienced scarcity of economic and cultural resources, they did not belong to society's poorest economic strata. Client parents who sought direct arrangements with surrogacy workers regarded their surrogacy worker living in a stable housing situation to be a minimum qualification criterion.[67] To illustrate, one of client mother Yana's prospective surrogacy workers shared a *kommunalka*[68]-room with her primary-school age son. Once Yana had learned about the *kommunalka,* which she described as a typically cramped and unhygienic space, she disregarded the offer without even meeting the woman in person. This reaction reinforces the fact that surrogacy workers were not recruited from the

[67] In agency arrangements, non-local surrogacy workers are accommodated in agency-owned housing, under agency supervision, and often client parents can have insights into the respective living situations and choose accordingly.

[68] A *kommunalka* is a diminutive term for 'communal living' [*kommunal'naya kvartira*], which describes a style of living and housing typical for the Soviet period. Poverty in the countryside and industrialization led to an influx of the rural population moving into the cities, where living space was in critically short supply. Beginning under Lenin, *kommunalkas* were tried as a solution. A family lived in a single room; depending on the size of the *kommunlka* it featured up to ten rooms for ten families, sharing one kitchen, one bathroom and the corridors. Today, they are typically rented by the poor, students, and migrant workers.

poorest social class, as such life circumstances were considered too precarious for client parents to feel comfortable entrusting their babies to women living in poverty. Most surrogacy workers in Russia have a middle-class background and live in living conditions that are stable, yet which have room for improvement.

Furthermore, poverty has an adverse impact on health, increases stress, often results in a poor diet (Cockerham et al. 2006*;* McBarnette 1987) and impacts negatively onto the child's development during pregnancy (Larson 2007). Doctors disapproved of women whose life circumstances raised concerns about their suitability. Especially when the candidate in question had a history of egg donation or previous unsuccessful embryo transfers (missed conception, chemical pregnancy or early miscarriage), they saw their stressful and hectic lifestyle as an exclusion criterion. Dr Nikolai, an IVF expert of the renowned 'Our Children' clinic in St Petersburg, shared his approach after working in the field for a decade:

> When I am not satisfied with something (…) we exchange the surrogate mother. (…) It's not like a woman decides to be a surrogate and so she will be one. (…) I need results; [I am not satisfied with] only implementing the procedure. (…) Russian women approach [surrogacy] as if they were part of a production-line: in August she had an abortion, in September she donated her eggs, and now [in October] she comes for stimulation [for surrogacy]. And she hides her previous involvements! And sometimes they even work in multiple employments, running from 'A' to 'B' while getting the [hormonal] stimulation shots!! That way I don't get my desired result. That is the [consequence of the] ongoing commercialization for you (…). [The women] don't understand that after one pregnancy they can't just go for [the next] stimulation cycle and another stimulation cycle and another stimulation cycle. [They don't understand] that their task is not to go wreck themselves for 150,000₽ [£1,695]! That [behaviour] affects their health!!

Contrary to Dr Nikolai's assumptions, many of my research participants were aware of the toll on their bodies, yet felt they had to accept it for lack of an alternative. The surrogacy workers I met were typically employed in unskilled or semi-skilled service jobs, such as receptionists or in sales, or they were stay-at-home mothers. Even though about half of them had higher education, only a few were working in the domains of their professional or vocational training. Also in Svitnev's (2013) empirical survey-based study, 68% of the 73 participants held a higher education degree, but

only 36% of all participants were employed at the time of being or trying to become surrogacy workers. In addition, about half the women in my sample were single mothers juggling child care with multiple employment, or a job search (Utrata 2015:21). With the disappearance of state-subsidised day-care for children after the dissolution of the Soviet Union, paid care services are available only to those who can afford it (Zdravomyslova and Tkach 2016). In Russia, disproportionately more women than men are at risk of being made redundant or not finding new employment (Cockerham 2007:459). For instance, in Bashkortostan,[69] where many surrogacy workers in St Petersburg come from, more than 60% of the registered unemployed were women (Delogazeta 2012). Nursing and child-rearing are primarily seen as women's tasks (Mezentseva 2005), so many surrogacy workers' employment experiences were episodic, as they took responsibility for child-rearing. In addition to limited access to employment, women in Russia experience wage discrimination across the labour market, from manual to high-skilled labour (Mezentseva 2005; Zakirova 2014). That means that gender stratification, the experience of unequal access to power and resources based on individuals' sex and social construction of gender, cuts across the facets of social stratification. The women in my sample had to deal with employment as well as income insecurity. In particular, single mothers had to juggle finding affordable childcare, finding and maintaining (multiple) employment to cover rent and living expenses and substituting income loss when an informally arranged job did not pay out a salary.

Becoming surrogacy workers was a strategy intended to resolve this income insecurity temporarily,[70] yet it also added to these women's history of precarious and episodic employment. Agencies and client parents frequently instructed their surrogates who were employed elsewhere to quit their jobs in order to reduce other commitments. Such requests added to their disrupted working lives and deprived women of their right to paid maternity leave. When surrogacy workers hid their engagement in this type of work, these periods generated blank spots in their employment history, which

[69] The Republic of Bashkortostan, also known as Bashkiria, is a federal subject of Russian and located between the southern Ural Mountains and the Volga River.

[70] Many surrogacy workers were aware that IVF has a high failure rate, but approached it positively, stating that their fertility was excellent and therefore their chances were high.

again made them less employable. Such work-life disruptions were particularly frequent when surrogacy workers decided to repeat surrogacy after a mandatory year of rest, but needed to cover the interim months with any employment they could find in order to make ends meet. Oksana's experience poignantly illustrates this situation. When her first client parents chose her from her online advertisement, Oksana quit her shift work with the railways. However, the first embryo transfer failed and the client mother, who struggled to produce quality eggs, had to ask her to wait for an unspecified amount of time until the next attempt. Even though Oksana liked the couple, her financial worries and a recent analysis of her outstanding health and suitability at hand, prompted her to apply with an agency to possibly speed up the process. The agency matched her with client parents faster than her first couple was able to arrange a new embryo transfer and she terminated contact with the latter. The embryo transfer in the agency arrangement succeeded, but Oksana miscarried. Her agency contract obliged her to two more attempts, but first instructed her to wait several months. To make ends meet, Oksana took up informal employment as a gym receptionist. Two further failed embryo transfers later, during which she again quit her receptionist job and periodically worked as a cashier in a supermarket, she finally got pregnant on the fourth attempt with the agency (and her fifth in total within 14 months). Her severe morning sickness displeased her employer and forced her to quit her job again. After a successful childbirth at last, Oksana was able to pay off one year of her daughter's college fees, and returned to seek employment. Surrogacy was no longer an option for her.

Surrogacy worker Gabriela, by contrast, could not afford to leave work like Oksana. She had left her two children in her mother's care in Moldova and, as well as paying for her accommodation and subsistence in St Petersburg, she sent remittances to provide for her children. She complained:

> [I had to] tear myself from work. [The doctors and agency staff] were unconcerned whether I worked or not. They assigned my appointments to their convenience, and I had to tear myself from work when it was demanded. They never took into account whether I worked or not. Not a bit. Never.

The unpredictable outcome of the embryo transfer and the first weeks of pregnancy, compliance with doctors', agencies' and client parents' timing preferences and often the sheer necessity of combining surrogacy with other paid work, meant disruption and precarity for the surrogacy workers. Client parents, in contrast, were able to schedule treatment to their convenience and the outsourced pregnancy – even if it was their last resort to have a child – allowed them to continue their employment without interruptions.

5.2.2 Surrogacy workers' motivation

Against this backdrop it is not surprising that surrogacy workers had strong rationales for carrying surrogacy pregnancies for financial reasons (see also Svitnev 2013). About two thirds of the 19 surrogacy workers I interviewed promptly answered my question '*How did you decide to become a surmama?*' with 'for material/financial reasons' or 'to resolve housing matters'. The remaining third foregrounded the philanthropic motivation, but added financial necessity to their motives. In only one case, the philanthropic motive stood alone, whereas for at least three women the financial motivation stood alone. Often surrogacy workers pointed out that they were achieving two good things at the same time: helping their own family with money while helping someone who had money to have a family.

My respondents' primary intended use for the money was to improve their living conditions. That meant to either move into a bigger apartment, or, ideally, buy an apartment of their own. After the shift from state-owned housing during the Soviet Union to privatization after the end of state socialism (approximately 80% of all living space), private ownership became strongly desired and "crucial to a sense of autonomy, security and satisfaction" (Attwood 2012:925). Hence, even though the one-off investment in real estate is a high financial burden, especially for earners in the lower income-brackets, it is also considered a way to end worries about rising rental prices.

Women's unequivocal financial motivation was likewise highly welcomed and considered a crucial selection criterion for the owners of commercial surrogacy agencies. Grigory, owner of 'Surrogacy Exclusive', summarised this perspective:

> [Surrogacy] is a paid service. And of course, it's work (…) it's a job - one of the most responsible jobs in the world and of course the surrogate should get the right remuneration. (…) [The ideal surrogate mother desires] to help childless people to become parents. And of course, she should not be altruistic. She should wish to get money for herself, for her family, for her own children. And if she enjoys being pregnant (…) that makes her an ideal surrogate.

The quotation illustrates how agencies expected prospective surrogacy workers to approach them with the attitude that surrogacy was work. An altruistic motive and coding surrogacy as a gift may evoke expectations of reciprocity (Mauss 1966) beyond the payment from the client parents, and such expectations are difficult to define and meet. Instead, across the agencies that participated in this research, agency staff maintained that financial motivation made better workers, as the prospects of receiving the full compensation encourages surrogacy workers to carefully adhere to all instructions and not allow missteps or neglect that would result in financial penalties. Alexander, owner of the 'Promise' agency, explained that in his practice, he fined surrogacy workers upon their first violation - without previous warning - a minimum 10% of her prospective earnings. "Our Russian girls only speak 'Rouble'," offered co-worker Elena to explain their rigour and their view of the cultural appropriateness of their approach. With their unapologetic attitude, both agencies were unexceptional in the St Petersburg's surrogacy scene.

While the money earned through a successful surrogacy arrangement often enabled a financial step up, it rarely solely or immediately altered surrogacy workers' economic status.[71] Few women among those who intended to buy an apartment were able to do so right after the surrogacy pregnancy – as originally intended – even when adding this money to their existing savings. Alexandra's earnings, for instance, only permitted her

[71] One notable exception was Ilya, a three-time-surrogacy worker. She invested the first surrogacy-earned money into a new apartment, the second payment into renovations and intended the third payment to be the starting capital for a small business.

to afford a single room in a *kommunalka*, which she bought as an investment. She explained:

> [Still] the most important thing for me is to buy an apartment. When I returned home last year in the summer [after a successful surrogacy pregnancy], I bought a very small room in a *kommunalka.* The money they gave me wasn't sufficient. It's really a very small room. We don't live there. We are waiting for the moment when we have the rest of the money to sell the room, add up the money and buy a normal home.

Realising that the surrogacy earnings would not suffice to pay for the desired apartment, Alexandra shared with me her intention to repeat surrogacy before she had even delivered her first surrogacy baby. (I discuss women's rationales for repeating in more depth later.)

However, as reported in previous studies (Bravermann and Corson 2002; Ragone 1994; Svitnev 2013), a quarter of the surrogacy workers in my sample also expressed heartfelt philanthropic motives. First-time surrogacy worker Olseya for instance, who invited me to her home for our first interview, gazed at her little daughter as she explained, "My little miracle answers all questions about why I am doing this." For her, the joy she found in her family seeded the wish to enable someone else to experience the same. Later, as we talked about whether her friends knew about her surrogacy pregnancy, she recalled a conversation. "They said, 'we support you as long as you don't do it out of greed [*korystno*]. But if you do it for financial reasons – ' and I replied to them immediately that I didn't even know about [the financial benefits] at first."[72] Gul'nur, a mother of two, explained "I dearly love my children, and because of them I decided to take that step. I consider it only moral that with my action I can make one family happy and make the life of my family a bit easier." In addition, Gul'nur found it easy to be pregnant, and, considering her family complete, surrogacy became a convenient way to earn the needed extra money. Gul'nur's example shows that philanthropic motivations and financial interest are not mutually exclusive categories, hence classifying women's motivation into one category or another is misleading and

[72] Olesya's idea to become a surrogacy worker was born out of the knowledge of a relative struggling to carry a pregnancy. Aware of the possibility of surrogacy she offered her help, and that was when turned down – her relative wanted to continue trying other ARTs first – she did not want to give up the wish to help, and turned to an agency to find intending parents.

fails to do justice to those women who want to help, yet whose financial situations do not allow them to be selfless.

5.2.3 Surrogacy as work

A broad consensus emerged among surrogacy workers that they had chosen surrogacy primarily as a strategy to earn money, intended for a major financial move, and regarded the gestation of a commissioned pregnancy as work. While philanthropic motives fed into some women's decision, the majority would not have opted for surrogacy if they had seen an alternative that was as profitable and less precarious (given the uncertainty of a successful embryo transfer and maintaining the pregnancy), invasive (hormones, control checks, supervision by agency and/or client parents, and impact on family and social life), or potentially harmful (complications or miscarriage). In Russia, turning to surrogacy was a choice embedded in their economic situation. The women's limited alternatives account for the inherent social stratification (Hadfield 1995; Twine 2015).

When asked how they saw surrogacy and their role as *surmamas*, the majority of the women in my sample described their experience of carrying a surrogacy pregnancy as a form of work. Two-times surrogacy worker Anna was even surprised about my question. She answered unreservedly: "This is my work." When I probed further "So when someone discovers for the first time that you are a *surmama*, how do you explain what you are doing?" Anna reiterated "That I work. For me, this is work. I basically don't see anything else in it." Daria, another experienced surrogacy worker in search of her next client parents agreed with Anna and laughed when she explained: "Well, I think [choosing surrogacy] for me was as it is for all of us. It is the very same question: the financial question. [I do it] for the money. [Surrogacy] is a job of a certain sorts."

The women's evaluation of commercial surrogacy as a form of work did not conflict with their identity of being a surrogate *mother*, a *surmama*. In Soviet Russia, women's role was defined as worker mothers, whose duty was to work and to produce future

generations of workers. In return for their service of motherhood and reproduction to the state, mothers received money and state-subsidised services (Issupova 2000). In post-Soviet Russia, subsidised child care was one of the first casualties of the new system and forced out of employment those women who could not rely on family-supported child care, or for whom high child care costs made employment no longer feasible (Bridger et al. 1996). Within this context, surrogacy became an opportunity to earn money in their capacity as mothers: after having worked as mothers for the Soviet state in exchange for services and benefits, women now worked as gestational mothers in the privatized market of commercial surrogacy. Consequently, Russia's *surmamas* embraced their dual identity of workers and mothers, instead of seeing being a worker or a mother as dichotomous. The examples of Anna's and Daria's conception of surrogacy as work show that unlike in the US, surrogacy workers in Russia do not seek to obscure and disclaim their surrogacy labour (Jacobson 2016a, 2016b; Smietana 2017b). Furthermore, as the monthly allowance equals or exceeds their monthly income, the women perceived it as their salary, which reinforced the notion that carrying a surrogacy pregnancy is work.

In summary: the lump sum paid at the end of a successful surrogacy pregnancy exceeded what surrogacy workers in my sample could possibly earn in their employment sectors, and had the potential to improve their financial circumstances – that is, *when* the embryo transfer was successful, the pregnancy survived the critical first trimester *and* the child was born at term and without any impairment. These accumulated uncertainties increased surrogacy workers' precarity. However, even if the surrogacy arrangement was successful and the full amount of money paid out, the surrogacy payment alone often did not bring the desired change or lasting positive impact on their lives. On an individual micro level, the money was helpful in precarious financial situations, added to existing savings, or even constituted start-up capital for a business idea. On the macro-level, involvement in surrogacy neither fostered substantial changes in the women's economic status nor did it allow them to move to higher social strata, let alone improve their working conditions (see also Rudrappa and Collins 2015). Furthermore, as surrogacy worker candidates forewent or quit regular

employment to make themselves available for the schedules for the embryo transfer and demands of the client parents and medical staff, being involved in surrogacy work intensified their episodic work experience, and upon returning to seek regular employment, many women preferred to maintain discretion about their surrogacy history and therefore had nothing to account for the apparent blanks or fragmented employment history. In short, for the majority of my participants, the benefits gained from surrogacy work were ephemeral, unless they were able to buy the desired apartment. The decision to become a surrogacy worker was born out of precarious, socially stratified employment situations, which were even more precarious for women than for men, as working mothers faced unequal pay, higher risks of being made redundant and the burden of providing or finding substitute childcare.

After having given this insight into the surrogacy workers' background and rationales for choosing surrogacy work, in the next section I will illustrate surrogacy workers' decision-making process.

5.3 'Can I do this?' Gauging one's own preparedness to become a surrogacy worker

The "Can I do this question?" question, which women asked themselves when pondering whether surrogacy was appropriate for them and whether they were appropriate for surrogacy – to carry someone else's child and part after birth without falter – was twofold. On the one hand, they pondered whether they felt capable from a moral perspective to become pregnant for money and for other people and then part with the child. On the other hand, they needed to organize how they went about it, whom to confide in, and how to explain and arrange their absence from home and family (when necessary).

5.3.1 'Can I give away the child?' Grappling with the relationship to the surrogacy child

The initial question that women who considered becoming surrogacy workers asked themselves was "Will I be able to give the child away?" Moreover, people who learnt

about their surrogacy commitment repeatedly asked this question, sometimes posed with curiosity, other times with concern, and often with reproach or disapproval. Considering the medical facts and the local "social construction of natural facts" (Strathern 1992:17), the surrogacy workers in Russia had come to the understanding that they were not giving the child *away*, but *back* to those to whom it belongs, the client parents. Their understanding differed significantly from that of Indian and Vietnamese surrogate mothers who gave the gestational link paramount importance and spoke of surrogated children as *their* children whom they loved and much missed after they were given away (Hibino 2015, Rudrappa 2015:85). Instead, in a similar way to the framing of the US-American surrogates who 'expropriated' themselves of the 'ownership of the child' even when engaging in genetic surrogacy arrangements (Ragoné 1996), surrogacy workers in Russia appropriated the client parents' parenthood and expropriated their 'ownership' of the surrogated children through the client parents' provision of their genes[73] and the latter's' intention to raise the child.
Surrogacy workers reached this understanding of "genetic essentialism" (Cussins 1998:48) by drawing on the absence of a genetic link and therefore the perceived otherness of the embryo to their body. As surrogacy worker Alexandra candidly stated "I am not the genetic mother, the boy is not my genetic child." At least six surrogacy workers explained that they physically perceived the genetic otherness from the moment of conception: they felt particularly poorly during the first trimester of their surrogacy pregnancies, yet whilst pregnant with 'their own' child they were symptom-free. Asenka for instance recalled:

> "I carried my own [child] so much easier. I did not have morning sickness as during the surrogacy pregnancies. I was literally dying the first three months, right after the implant [the embryo transfer], it was clear that I was pregnant, I felt really bad. Those three months, the first time [first surrogacy pregnancy] and the second I didn't eat anything. I lived on an apple a day, because eating was impossible. I was chucking up my guts, feeling so nauseous was tough.

[73] In the case that client parents cannot provide their own gametes, they can buy eggs and sperm from respective gamete banks. Once they have purchased the required gametes, they have ownership of them and whether there is a genetic link to the child conceived from 'their' gametes is irrelevant for the later surrogacy arrangements.

It was striking that all but one surrogacy worker[74] I interviewed described the surrogacy child or children they carried with the adjective *chuzhoy*, which translates to 'someone else's', 'to someone else belonging', 'foreign', 'alien' and 'other.' The translation is naturally context-sensitive, yet the spectrum of possibilities gives the reader an understanding of the power of the word *chuzhoy* to describe the status of the surrogacy-child and the surrogacy workers' perception of them.

Surrogacy worker Diana also compared gestating a surrogacy pregnancy to trying to "grow oat in a rice field." She elaborated "They put a seed and you don't know whether it will grow or not, and if it will grow, how it will grow." Diana found the mental image of hosting and nurturing this '*chuzhoy* being' so bizarre that she was even surprised when she birthed "an absolutely healthy baby, a chubby cherub." She, like other surrogacy workers, pointed out that the success of the surrogacy pregnancy hinged entirely on the rigorous medical protocol that they followed and the hormone supplements they took during the first trimester. In Ilya's words, "In fact, nothing is up to us. Well, we swallow pills – besides that, nothing depends on us. Then we wait. We wait. First for the hCG[75], for the screening…" Such explanations by the surrogacy workers in my sample reflected the explanations that agency staff gave to them as well as to me and the client parents[76]. It might not be fully correct from a medical point of view, but such narratives were powerfully metaphorical and purposeful: surrogacy pregnancies are different and entirely artificial, and their success has almost no relationship to the surrogacy workers' contributions. With the help of the synthetic hormones, doctors create the required conditions and if it were not for the hormones and the doctors' expertise, the body would detect the embryo as a foreign object and signal 'Get rid of it!' But with the help of modern medicine and the doctors' expertise, the body is tricked and keeps it. Teman (2010:278) describes how, as a consequence of

[74] The exception to this rule was the Moldovan surrogacy worker Gabriela, with whom I conducted the interviews in her native language Romanian.

[75] The hCG (human chorionic gonadotrophin) test is a blood test, administered ten days after the embryo transfer, measuring the level of the hCG hormone in the woman's blood.

[76] The client parents in my sample drew on their genetic links to the child and their parental intentions to appropriate their rightful parenthood and expropriate that of their surrogacy workers. Isupova (2000:46-47), who conducted a discourse analysis of the online conversations of infertile women in Russia found concordant data.

the necessary medical intervention to achieve and maintain an IVF pregnancy, surrogacy workers' "bodily systems [were] being overridden and medically managed to the hilt." But it was this very experience of medicalization that surrogacy workers internalized and instrumentalised to underline the missing connection between their body and that of the baby they 'produce'.

Shortly before her expected delivery date of her first surrogacy child, Rada received a strong and unexpected second confirmation of her notion that she had nothing to do with the children she carried as a surrogacy worker. During her last control appointment, her doctor was pleased to inform her that the baby had turned into the optimal vertex foetal birth position. Having delivered all three of her own children in breech, she was taken aback that the surrogacy baby had turned. Her doctor congratulated her on her 'good fortune', but she found the only reasonable explanation to be the surrogacy baby's 'otherness' to her body, as all children coming from her and her husband had been breech.

Surrogacy workers' understanding that the child they carry is not 'theirs' was shared by their husbands. Rada narrated a discussion she had had with her husband about how they considered people's assumptions and client parents' fears that surrogacy workers might change their minds and keep the children as unfounded. About herself she said

> I was morally prepared. I knew it was someone else's [*chuzhoy*] child. I didn't even question that. Why would I take someone else's [*chuzhoy*] baby home?! I *knew* {emphasis hers} he belongs to someone else [*chuzhoy*]. And my husband – my husband loves children, but that one belongs to someone else. If we wanted another child, we could make our own.

In a similar vein, Lyubov, with a complacent smile, recalled how her husband called the baby in her growing bump "our intruder [*nash okkupant*]." With 'our' he denoted his acceptance and embrace of the situation, yet with 'intruder' he clearly demarcated that his welcome of the child within his family was temporary.

The explanations of how surrogacy workers grappled with their relationship with the child that I have described in this section delineate two notions. First, based on their medical knowledge of IVF and the implementation of gestational surrogacy, surrogacy workers regarded the child as 'not theirs' because they do not pass on any of their

genes, but merely nourished the child. Secondly, the necessity of artificially maintaining the pregnancy through synthetic hormones supported their perception: the growing life inside them was 'foreign'. In order for their body not to reject it, it needed to be tricked. Consequently, the overarching understanding was that they were not giving the child away, but *back* to those to whom it belongs, the client parents.

5.3.2 'Morally prepared': making rational choices that challenge normative expectations about motherhood

When asked what is required to become a surrogacy worker, the surrogacy workers in my study agreed that one needs to be 'morally prepared' (see also Siegl 2015). According to the Oxford Dictionary, 'moral' is defined as "of or relating to human character or behaviour considered as good or bad (…) [,] the distinction between right and wrong, or good and evil, in relation to the actions, desires, or character of responsible human beings" (Oxford Dictionairy 2017). Cassaniti and Hickman (2014:258), drawing on theorists such as Foucault and Rabinow (2000) and Kant (1982 [1785]) remind us that "real moral action can only take place when a particular social actor is free to consciously choose a moral stance." In the preceding sections and throughout this chapter I show that the surrogacy workers in my sample had not been coerced into surrogacy, but, despite finding themselves in financially precarious situations, approached compensated surrogacy gestation as a work option. It is therefore reasonable to say that they consciously and freely choose their moral stance. In this section, I show that the phrase 'morally prepared' encapsulated two meanings for the surrogacy workers. First, being morally prepared meant that they regarded surrogacy as ethical and therefore they were doing the right thing. Second, by referring to themselves as being morally prepared they referred to their intent of acting upon their decision to *surrogate-mother* and not to change their mind about relinquishing the child.

5.3.2.1 Doing a morally right act

A public opinion survey by the Russian Public Opinion Research Centre (WCIOM 2013) has shown that the Russian society is divided over whether commercial surrogacy is acceptable or "morally intolerable." According to Hochschild (1979:563), a society's social guideline "[directs] how we want to try to feel." The surrogacy workers in my sample had not made their choice to carry a commissioned pregnancy lightly, but reached their decision only after sufficient consideration. Thus, fully agreeing with and supporting the notion that surrogacy is morally sound and even commendable, they did not feel a dissonance between what they were doing and how they felt about their actions. Based on that, they were prepared to confront critical voices and defend their decision to be surrogacy workers. As I stated in the introduction to this chapter, whilst interviewing surrogacy workers, I desisted from asking them *why* they chose to become surrogacy workers to avoid the inherent judgement this question carries and instead asked descriptively *how* they became surrogacy workers. I further desisted, in line with good conduct of ethnographic interviewing (Spradley 1979), from asking suggestive questions, in this context, whether they considered surrogacy to be moral. In spite of that, five surrogacy workers explained that they considered surrogacy to be moral on their own initiative, and mainly gave the reason that gestational surrogacy cannot be considered child-selling, as the children are not theirs, since the genetic link is absent. This practice of defensive answering leads me to suspect that these surrogacy workers experienced moral judgement by family members, acquaintances or strangers. Rada for instance, who had carried three surrogacy pregnancies, reported her son's primary teacher's repeated, pointed remarks on her surrogacy pregnancies. One day her patience had worn thin, and drawing on her knowledge of the teacher's multiple abortions for birth control, she dealt with her unsolicited moralizer once and for all by declaring her perception of the moral superiority of having created life while the teacher 'shredded life into the bin.' Thus, on the basis that they felt surrogacy to be a moral action, the surrogacy workers in my sample felt ready, 'morally prepared' in their words, to enter surrogacy arrangements. By helping someone create a long-desired family and helping to improve the life of their own family, surrogacy

workers are achieving two deeds in accord with their moral understanding, and in addition, reconciling their financial and altruistics motivations.

5.3.2.2 Doing a morally right act in the right way

The second meaning that being morally prepared conveyed for surrogacy workers in my study was acting upon their decision in a moral way. By that, surrogacy workers meant that they had not only rationally understood that the child was not their kin and was not be raised by them, but that through force of will, they were able to enforce rationality over unintentional emotional attachment. In this way their accounts rebut opponents of the enforceability of surrogacy contracts, such as Shanley (1993) and Leissner (2012), who oppose the legal and ethical enforceability of surrogacy contracts. Shanley and Leissner hold that when signing the contract, the surrogacy workers are not yet pregnant and hence unable to predict a change in emotion. Such argument suggests that maternal bonding "[arises] naturally and inevitably out of the embodied experience of pregnancy" (Dow 2017:7) and as such "[comes] dangerously close to biological determinism" (Anleu 1990:65). The numerous accounts of surrogacy workers who stated that they never bonded or were able to detach from the children without regret or experiences of postpartum distress (Ragone 1994; Teman 2010; van den Akker 2003) challenge these normative expectations about the nature of motherhood.
In order to maintain or achieve the necessary detachment, surrogacy workers in my sample stated that they were prepared to reprimand themselves for any such attachment and were ready to relinquish the child as the arrangement demanded. Thus, they aligned their perceptions of right and wrong to suit expectations: it was right was to follow the arrangements once a contract is concluded. Further, it was right to only enter into such a contract when they were convinced that they were able to do so, and to refrain from the risk if they were not 100% certain. The following excerpt from a conversation with two experienced surrogacy workers,[77] over the question of what 'morally prepared' meant to them, illustrates this notion:

[77] The two women lived in shared accommodation, but both moved in only recently. Yuliana was in her first trimester, Mila had just received the confirmation of the successful embryo transfer and moved into this apartment from another apartment.

Mila: We are prepared for it. We are prepared to do this, because [the child] is not ours. It is work.

Yuliana: When I gave birth, [the doctors] told me that all is fine, [the twins] are healthy. That was all that was important to me. Later, the parents (…) showed me pictures of the children. I looked at them, 'well nice, children'. {There is no affection nor interest in her voice.} That was it. That was three or four months after I had given birth.

And you haven't given them any further thought? – I asked.

Yuliana: Absolutely not. We didn't come here to think much about them, or so. You need to take this step already full prepared.

Mila: Yes, already fully prepared and ready.

Yuliana: If you have any doubts, like 'maybe I won't be able to give them away' then better not to do this. For real. Because then you don't know what will happen to you during the pregnancy.

In a different conversation, also surrogacy worker Asenka gave almost exactly the same response, saying, workers are achieving two deeds in accord with their moral understanding and in addition, reconciling their financial and altruistic motivations.

"You need to be morally prepared—if you are not morally prepared, don't even go there!" Surrogacy workers further suggested that being prepared also meant to fight feelings for the child coming up during the pregnancy. Thus, *being prepared* is not a completed process of *having prepared oneself,* but an ongoing process of being prepared to continuously manage one's own emotions, to perform "emotion work" (Hochschild, 1979). Hochschild (1979:561) defined emotion work as "the act of trying to change in degree or quality an emotion or feeling[78] (…) [by] evoking or shaping, as well as suppressing, feeling in oneself." Hochschild (1979:561) further emphasised that "'emotion work' refers to the effort — the act of trying — and not the outcome" and individuals prompted to perform emotion work set up an *emotion-work* system (Hochschild 1979:562). As I now explain, the surrogacy workers I met had put four such emotion-work systems in place.

[78] Hochschild distinguishes between *emotion* and *feeling:* "'Emotion' denotes a state of being overcome that 'feeling' does not" (Hochschild 1979:551).

One approach when struggling to keep their detachment intact was to bring their attention back to their own children. Asenka's account exemplifies this: whenever she felt the risk of becoming emotionally attached, she reminded herself "that I know why I am doing this and that I have my own [child] to raise and clothe." A second common emotion-work system to aid the emotion work of maintaining detachment was talking to the child. Alexandra, for instance, repeated time and time again to the in utero child "I am not your mother" and "Others are waiting for you." By doing this, although she was addressing the child, she also eased the approaching reality of separation into her own awareness. Carrying a surrogacy pregnancy for the first time, she could not anticipate her final reaction, despite having made up her mind. She entrusted me with her worries: "Maybe I will cry. Maybe I will feel sorry. Yet I have understood it. He is not mine. Others are waiting for him." She knew that besides feeling it was morally wrong to deprive the client parents of their long-desired child at the point when the child was already within their reach, she would not have the financial means to fight to keep the boy and raise him.

A third approach was only available to the 12 surrogacy workers who had a personal relationship with their client parents. Two of them[79] explained how this relationship helped them in the detachment process: interaction with the recipients of the surrogacy child served as a constant reminder that there were other people – the 'intended' parents - waiting. Furthermore, in all cases that I am aware of, the client parents who were in personal contact with their surrogacy worker permitted their surrogacy worker to see the child after delivery. This provided the surrogacy workers with the opportunity to have a planned farewell rather than having the child taken away and being entirely disregarded in that moment. The opportunity to see the unity of the newly-created family gave surrogacy workers a feeling of satisfaction and closure, and confirmed their role as not-parents, but the *means* through which the

[79] Having taken an ethnographic approach, interview questions developed along the research process. I therefore haven't asked every surrogacy worker the same set of questions and it possible that more women have applied this strategy.

client parents became parents[80,81]. To emphasize this understanding further, surrogacy worker Daria drew parallels to the care-work of nannies, expressing her perception of her role as a prenatal childminder. “I was like a nanny, a good nanny at the time of the pregnancy. But those twins were entirely their children.” Daria emphasised that nannies often spend more time with children than the parents, yet do not claim the children to be theirs.

A fourth variation of the emotion-work system to maintain detachment during the pregnancy was the appropriation of the medicalization of the surrogacy pregnancy. This approach was explicitly supported by commercial agencies. Surrogacy workers’ pregnancies are overly medicalized, with the intention of providing complete care, and the kind of medical care surrogacy workers receive is thoroughly technocratic. As such, through its implementation, it has become a core instrument in reinforcing surrogacy workers’ role as workers in the reproductive assembly line. Being inculcated by agencies and medical staff with the notion that nothing of the commissioned pregnancy is theirs, but rather that it is created and maintained through medical expertise, has the desired effect on the pregnant woman that she disconnects from her intuitive knowledge of her body and the life inside her and surrenders all control and decisions to the medical institutionalized experts[82] and the agency staff. I illustrate how the technocratic medical care and the medicalization of the pregnant body aids the emotion-work system by means of Mila’s account of her experience of foetal movement during her first surrogacy pregnancy and her response to it. She recalled:

> In my own pregnancy, I carried [my child] into the 40th week and time was flying! And I was not bothered by anything. This second one worried me of course. The *programme* [surrogacy], I obviously mean. It made me feel bad. And whenever something happened, I freaked.

[80] These accounts of benefitting from contact with the client parents and seeing the child after birth disprove the argument of agencies and fear of client parents that seeing the child could instigate the surrogacy worker to claim the child and refuse relinquishment.

[81] Ragone (1994) reported medical and agency staff encouraging surrogate mothers to focus on the intending parents and establish a relationship with them, rather than with the baby.

[82] A third effect of this technocratic approach is that embryos and foetuses are elevated to personhood on their own, whereas the women who enable the existence of these very babies disappear as non-persons (see for instance Rudrappa 2015:126-142).

She re-enacted a phone call with Eliza, the agency's manager, in a theatrical performance that made me and the other surrogacy worker, who shared her accommodation and who was listening, laugh.

> 'Eliza! He [the child in-utero] is not moving! Is that OK?' [Eliza:] 'It is still early, that is fine. But go to see Sasha [the agency's gynaecologist] and she will have a look.' - And then the moving started! He was quite kickin' and dancin' in there, and again I called Eliza. 'Eliza! But is it ok that he is moving so strongly!?' [Eliza] 'That is fine, Mila. But go and see Sasha and you will see.'

Mila herself paused and laughed. Then she got serious again and continued.

> [With surrogacy pregnancies] you are more cautious [*prislushivaeshsya*]. With your own, you don't monitor it like that, you keep going and going and going. But here you pay close attention to whether he is moving, and about this and that, and you constantly ask yourself: What is necessary? What do I need to do? And that every day!

Though she explained that she paid closer attention to foetal movements during the surrogacy pregnancy, she did not engage with her feelings and embodied knowledge. In her first pregnancy with her daughter she noticed her daughter's movements, *felt* she was ok and this gave her peace of mind. In the commissioned pregnancy, the worry of performing her duties as a surrogacy worker badly meant that she stopped herself from engaging with the movements she felt and surrendered the interpretation and care to the denoted expert. Assuming the role of a diligent worker, she paid close attention to any foetal movement and signs of the pregnancy, but severed her emotional engagement and hereby blocked her embodied, intuitive knowledge. Mila's response to foetal movements illustrates how the surrogate child becomes a product of the surrogacy worker's work once the surrogacy worker has overwritten her role as a mother with that of a worker, aided by the medicalization and the agency's encouragement to seek external advice rather than rely on her own experience and intuition. Hochschild (1979:562) has postulated that "emotion work can be done by the self upon the self, by the self upon others, and by others upon oneself," all as part of or consequence of an emotion-work system put in place. Mila's case exemplifies how Mila adjusted how she felt to how she should feel. In addition, all these different

strategies of preparing oneself, managing emotions by suppressing them, transferring potentially growing feelings towards their own child/ren, creating distance by drawing parallels to childcare work, and embracing the technocratic pregnancy care, came together in surrogacy workers' common parlance. Like Mila in the above example, surrogacy workers in my sample spoke of pregnancies with their own children as 'my pregnancy' and disown commissioned pregnancies by referring to them 'this/that pregnancy' (see also Fisher and Hoskins 2013:509).

As I have shown, to become a surrogacy worker, the women maintained that one needed to be 'morally prepared', and by that they referred to two things. Firstly, to believing that surrogacy was a morally right act and to knowing that they were not acting against their own principles. Secondly, to acting upon their decision to carry a child for someone else in a moral way, which meant to not change their opinion but relinquish the child to the expectant client parents as agreed upon beforehand and in the contractual agreements. In order to do so, surrogacy workers put four different emotion-work systems in place. Only once they were certain about both aspects of 'being morally prepared' did they act upon their decision to become a surrogacy worker.[83] Each surrogacy worker in my sample took different time to reach their point of feeling morally prepared and the perspectives expressed by my interview partners challenge the normative assumption that women bond with the child during gestation.

5.4 How do I organize becoming a surrogacy worker and whom can I tell?

Once intending surrogacy workers had settled the questions that concerned their immediate self ('Can I do this?'), the next questions to settle concerned their immediate familial and social surroundings.

The first people they discussed these matters with were the people intending surrogacy workers lived with, and very often, depended on for collaboration and

[83] In this way they also defied the derogation of women as being led by their emotions as opposed to men who are attributed with reason (Chirikova and Krichevskaia 2002; Metcalfe and Afanassieva 2005:435).

support, in particularly child care: husbands or partners, and parents.[84] First, I illustrate how they navigated their intentions with their parents. Next, I address how married intending surrogacy workers broached the issue with their husbands, and finally I turn their negotiations with (cohabitating) unwed partners, as the legal status of the partnership played a significant role in the importance of the partner's opinion in their decision-making.

5.4.1.1 Confiding in or hiding from one's own parents?

In the process of considering whether surrogacy was an option, some women sought advice from their parents, especially when still living with them or when relying on their support with child care. For Ira, for instance, who began considering being a surrogacy worker even before her own first child was born, reaching a joint decision and agreement with her family was of the first importance, and she would not have taken the step without knowing that she had her family's full support. After learning about surrogacy, she first gathered all the information online she needed for her own understanding, and "then I started to discuss with my parents (…) – and we decided that I will go for it after I gave birth." While family support was Ira's *sine qua non*, made clear also in her choice of words of saying 'we decided' instead of making it solely her decision, many women felt that their family would not understand or support their intentions, especially when adhering to religious or conservative values. When Olesya broached her intentions with her parents, they tried to dissuade her at first, drawing her attention to the potential risks to her health, her own children who needed her time and dedication, and asking what would happen if complications required bed rest or even hospitalisation. When Olesya miscarried her first surrogacy pregnancy and the doctors performed a dilation and curettage after her body was not

[84] Most of the surrogacy workers in my sample had young children, toddlers or pre-school age, from whom they concealed the pregnancy. 'Mommy is eating too much' was the common answer to their children's queries about their growing bellies; one worker specified: "Mommy has been eating a too big melon."

able to discharge the miscarriage,[85] she dreaded her parents' reaction and the worries she was going to cause them more than she dreaded the medical procedure itself. However, keeping it secret would not have been a solution, as she neither wanted to lie to her parents nor wanted to leave her family in order to conceal the pregnancy.

Alexandra, in turn, expected her mother to neither understand the procedure nor respect her decision. And more than that, she feared the consequences of her mother's "blabbermouth" nature. She certainly did not want anybody in Orenburg to know *what job* she was offered in St Petersburg and the reason she left. She dreaded being thought of as "good for nothing but a breeder." As Alexandra's then husband worked in an irregular commuting work arrangement, she confided in her 16-year-old sister and her boyfriend and assigned her sister to care for her two toddlers before she left.

Olesya's and Alexandra's examples show clearly how their situations resemble the situation of the West Indian nannies that prompted Colen (1995) to develop the framework of stratified reproduction: biologically reproducing for their client parents, their own responsibilities of social reproduction were curbed and transferred (if not burdened) onto their kin (see also Collins and Rudrappa 2015), often to the disadvantage of all the individuals involved.

In general, surrogacy workers felt there was a generational divide between themselves and their parents' 'old school' education; in addition, they often lacked knowledge about the medical aspects of gestational surrogacy and did not share the surrogacy worker's own awareness and emancipated, liberal approach. In order to get a sense of whether to inform their parents or spare them both the worry, some women touched upon the topic gently to evaluate their reactions. The parents' reaction to and feelings about their surrogacy intentions was especially crucial to know when sharing accommodation or living in the same location.

[85]Oleysa already suspected a miscarriage a week prior to the diagnoses, after she no longer felt nauseous. She however was instructed to continue administering hormonal shots which prevented her body from aborting the dead embryo.

5.4.1.2 Husbands: Do they really have a say?

Married women generally shared their ideas and intentions first with their husbands, not least because Russian Federal Law № 323 requires married intending surrogacy workers to provide their husbands' written consent to participate in a programme. The overarching theme in the husbands' response that I could distil from surrogacy workers' stories was that their husbands objected at first, but in the end, they all won them round.[86] I provide one illustrative example: While having tea with Yuliana, Mila and Marcella, all three experienced surrogacy workers, I broached the husband question. Yuliana, originally from Ukraine, where she left her husband and children to fulfil her second surrogacy arrangement in St Petersburg, recounted how her husband initially strongly opposed her plans. "Why?" She repeated my question with amusement. "I am his wife. I am his property!" Russia is a patriarchal society (Engel 2006:309), and Yuliana perceived herself as *given* to her husband in marriage, no longer bearing her father's last name but her husband's name from then on. Following this patriarchal gender ideology, a child resulting from her reproductive labour should belong to her husband. Yet, with gestational surrogacy, the child carried none of her or her husband's genes. Her statement shows that she both recognised and questioned the cultural and social norms. Highlighting the surrogacy child's lack of genetic relatedness to her husband, along with the financial opportunities to better provide for their two little girls, she ended with "But then he became resigned. (…) It took me a long time to win him round and he signed the permission only on the evening my train left." Beginning her narration with a solemn countenance, she joked over her final victory. Mila and Marcella, who listened attentively, joined in with affirming giggles. Next, all three women, each from different countries[87] and whose life paths crossed in an agency-provided apartment for surrogacy workers in St Petersburg's suburbs, goaded each other into recalling their husbands' initial objections, attempts to protest and their own responses. It was obvious that they found mutual acknowledgement

[86] As mentioned earlier, I only interviewed women who became surrogacy workers, thus who had obtained their husbands' consent. I am not able to gauge how many women did not succeed in obtaining consent and permission in comparison to those whose husband interfered with their plans.
[87] Yuliana is from Ukraine, Mila from Belarus and Marcella from the Republic of Moldova.

and delight in having shown their husbands that despite being required to gain a signature showing their husband's consent, they were really the ones in charge of their decisions. That Yuliana had already purchased her tickets[88] for the almost 24-hour train journey to St Petersburg for her first surrogacy pregnancy before she had her husband's signature on the paperwork, also suggests that she felt confident about going. The second time, she added with emphasis, she regarded his permission only as a bureaucratic matter. As sociologist Kiblitskaya (2000:69) remarked on the increase of married female breadwinners in Russia: "In many instances, the survival of the family in post-Soviet Russia depends on the woman's ability to find work" (see also Ashwin and Lytkina 2004).

To conclude this section: obtaining the husbands' written consent, as stipulated by the law, could pose a significant obstacle to intending surrogacy workers' plans. However, in a similar vein to the above examples, in all accounts of the married surrogacy workers I interviewed, it took only a matter of time and the art of persuasion to win their husbands' consent. The rationality of the prospect of earning the required money rarely had a stronger counter-argument. Married surrogacy workers referred to the required consent signature as a mere formality and bureaucratic hurdle, than a real obstacle. Their experience contrasts starkly with accounts of coercion in India, where researchers have collected reports of women who had been forced into surrogacy by husbands and in-laws (Deomampo 2013; Pande 2009b, 2014).

5.4.1.3 Unwed Partners: "Nothing was needed of him."

Unwed or divorced surrogacy workers obviously did not need to provide anybody else's consent to go about their plans. However, reaching a mutual agreement with a current partner nevertheless was necessary for the sake of the relationship. Three-time surrogacy worker Ilya had been cohabitating with her partner Viktor, who was not the biological father of her son, for many years before getting married. When she decided to work as a surrogate for the first time, she and Viktor were not yet

[88] As her journey started abroad, the agency delegated her to buy her own tickets to be reimbursed upon arrival.

married, so she – and here she was not apologetic – did not need his permission. “The first [commissioned pregnancy] was not pleasant for [him]. He had no clue what to expect, and nothing was needed of him.” With ‘nothing was needed of him’, Ilya referred to neither needing Viktor’s permission nor his contribution. She got pregnant from a test tube embryo, and during the pregnancy, all decisions and instructions came from the client parents, the doctors and/or Ilya. Viktor was relegated to the role of passive onlooker for nine months. What made the experience even more unpleasant and awkward for him, as Ilya conceded, was that Viktor strongly desired a biological child with Ilya. Instead, while his friends all transitioned into fatherhood with children of their own, he intimately experienced three pregnancies that would not take him over that threshold and he only remained the stepfather of Ilya’s teenage son. When Ilya prepared for her second surrogacy pregnancy, they had already married and Viktor opposed her plans. He could have refused to give his permission, but finally, he gave in. “[And] when I prepared for the third time, he already understood that it is utterly senseless [to contradict me]. I didn’t ask him his opinion… I planned it,” Ilya recounted her third surrogacy pregnancy. She admitted that she was aware of Viktor’s unease about her commissioning out her womb and stalling him from fulfilling his wish to father a child with her. Ilya, however, rejected the idea of returning to swaddling and cradling an infant just as her son was about to finish school and move out of the house, and anticipated the new independence and prospects of realising her career ambitions of opening a small business. The remaining money after having bought an apartment was going to be her starting capital. While Ilya had no plans of further children of her own, other intending surrogacy workers wanted to have more children, but felt they first needed to secure their existing and prospective children’s future by resolving their precarious financial situation. In such cases, the reproductive stratifications between the client parents, who were empowered to reproduce even as the surrogacy workers put their own reproductive plans on hold – or even risked secondary infertility as a consequence of complications – were strikingly clear.

To summarise: in this section, I have shown that evaluating and addressing the intention to become a surrogacy worker with people from the immediate familial

surroundings was the next important step for intending surrogacy workers. Obtaining the husband's written consent, as stipulated by law, was considered more a bureaucratic hurdle than an obstacle by the married surrogacy workers whose husbands initially opposed their plans. Married or unmarried alike, the surrogacy workers in my study succeeded in convincing their partners of the necessity, and ultimately had their support. Their approach to parents was commonly more careful – while some at first wanted to be assured of their parents' consent and support, others went ahead without their parents' knowledge.

5.5 Repeating surrogacy work: money matters

This final section addresses surrogacy workers' considerations regarding repeating surrogacy. The Russian regulatory framework does not stipulate how often a woman can repeat being a surrogacy worker, and doctors frequently turned a blind eye to the advisory age limit of 35 years when they deemed a candidate suitable. As already shown, one final compensation for a successful surrogacy pregnancy often is not enough to realize the plans of buying an apartment. Discussing current prices with Rita, an IVF nurse working with surrogacy arrangements a decade ago, Rita could not believe the current compensation. "700,000 to 800,000₽?! [[£7,896-9,040] That is too little! Ten years ago you could have bought an apartment with the earnings from one pregnancy. At this rate, you need to carry, at a minimum, two pregnancies for the same goal." Consequentially, many surrogacy workers decided to repeat surrogacy work. What is more, experienced surrogacy workers can charge a higher final compensation based on their experience, which raises their value. Anna for instance earned 650,000₽ [£7332] for her first surrogacy pregnancy, and expected to receive 850,000₽ [£9584] plus a bonus for the twins she was gestating – on the condition that she has no pre-term birth or other complications that could affect the health of the twins.

Some women, such as Oksana, decided against repeating surrogacy, despite not having resolved their financial problems. Oksana carried one pregnancy commissioned

through an agency. During my MSc research I followed her surrogacy journey, witnessing three failed embryo transfers and one miscarriage. A fifth attempt resulted in a pregnancy. Oksana gave birth shortly before I returned to St Petersburg for my PhD-research. When we met again, Oksana filled me in on the missed milestone of her surrogacy journey with great enthusiasm. When I asked her whether she could imagine being a surrogacy worker again, her smile disappeared. Suddenly she looked very tired. She answered:

> *Kristininka*, my dear. I don't know. Maybe… I don't know. I heard that now they are already paying a million or so… (…) But I don't think I would do it again. It was a difficult pregnancy, I felt bad, slept a lot, had to take all those pills, all those hormones – and it is not *your* pregnancy, so you *worry* a lot! All the time you are in a constant worry [*dergaesh'sya*] that nothing will happen. Goodness! You carry such a responsibility!

Although Oksana felt aversion to the idea of repeating, the enhanced financial reward appeared tempting. Karina spelled out to me that her friend's decision not to take the opportunity to carry a fourth surrogacy pregnancy, despite the high offer, was not age, but the fact that the previous three pregnancies sufficed to pay off debts and buy an apartment. In short, money was the main, often sole, reason why women accepted the risks and precarity of surrogacy arrangements more than once. Unless the first experience was too negative or the first remuneration sufficed, the prospects of settling a debt or purchasing the long-desired home meant that the associated risks were considered of secondary importance.

5.6 Summary of chapter

In this chapter, I have presented data on how women learned about the opportunity to become gestational surrogacy workers for financial compensation, what motivated them to do so, how they reached their decision and finally, why some surrogacy workers repeated carrying a commissioned pregnancy while others decided against it. Advertisements to become a 'surrogate mother' and carry a contracted pregnancy for financial compensation that exceeded women's average annual income prospects are widely disseminated online, on TV, and social media. The majority of women in my

study had long known about the practice of commercial surrogacy and had even researched the necessary information to fully grasp the medical procedures before considering the option.

My findings have further shown that for the surrogacy workers in my sample, financial incentives were the primary motives, which accounts for the inherent social and gender stratification between those who are able to buy, and those who need to sell their gestational services. However, the women who ultimately decided to become surrogacy workers did not act solely out of financial necessity, but transitioned through a series of questions – a highly reflective process during which they consolidated their interest into firm decisions. In order to decide whether they felt prepared to become surrogacy workers, the questions they grappled with were: (1) the nature of their relationship to the child; (2) whether they would be 'morally prepared' to relinquish the child; and (3) how to accommodate the demands of carrying a commissioned pregnancy within the realities of their lives.

Drawing on "genetic essentialism" (Cussins 1998:48), surrogacy workers agreed that as the surrogacy child is not conceived from their own genetic material (it comes either from the client parents or donor gametes), therefore the child is *chuzhoy*, 'other' and 'alien' to their body and their family line. In their opinion, the child always belonged to the client parents, either as the providers or owners of the child's genetic material, and as the expecting parents. Surrogacy workers declared that for these reasons they did not give 'their' child *away,* but gave the client parents' child *back* to them. Next, they regarded surrogacy as a morally commendable act that did not conflict with their personal set of morals. Hence, they expressed that they felt morally prepared to engage in surrogacy, as by doing so they helped to create a long-desired family while simultaneously benefitting their own families. Further, being morally prepared also entailed having made up their minds entirely to relinquish the child to the client parents. To guarantee that they would act upon this decision, surrogacy workers performed emotion work (Hochschild, 1979) to nip a growing sense of attachment to the *chuzhoy* child in the bud and employed four different systems of emotion management to achieve that aim. First, they transferred their attention entirely to

their own child/ren. Second, they spoke to the children in utero about their 'real' parents waiting for them, thereby also engraving that perception into their own minds. Third, surrogacy workers who were in contact with the client parents drew on their client parents' desire to become parents to confirm for themselves that these were the intended and righteous parents and that it would be immoral to deprive them of this by changing their mind. Fourth, they detached from their intuitive knowledge and gave all authority over the course of the pregnancy to doctors and agencies. By doing the latter, they assumed the role of diligent workers rather than mothers. These systems of emotion management show that, *being morally prepared* was not only a completed process of *having prepared oneself* at the onset. Instead, it was also an *ongoing process of being prepared to continuously manage one's own emotions* and performing emotion work throughout the pregnancy.

The third set of questions that intending surrogacy workers had to address regarded how they organized being a surrogacy worker with respect to the demands it would have on their family life, whether they felt the need to hide it and whether they needed support from their kin to manage the care of their children in their absence. While Russian law requires the surrogacy worker's husband's written consent, and his disapproval could present a considerable obstacle, married surrogacy workers regarded it rather as a bureaucratic matter. Unwed partners had no legal veto. Having their parents' support was an important emotional concern, and often required to compensate the stratification of their reproductive care. That meant that the surrogacy workers' closest kin had to fill in to care for the surrogacy workers' children as the time and energy their surrogacy involvements demanded was subtracted from the time and energy they could devote to nurturing their own children. Finally, the decision about whether or not to repeat the experience of carrying a commissioned pregnancy almost exclusively hinged on the question of whether their financial situation was resolved or not. Not a single research participant repeated surrogacy, with all its related risks and restrictions, for anything other than financial reasons.

6 Making the surrogacy relationship work

This chapter focuses on the relationships and the inevitable 'relational work' (Zelizer 2005) between surrogacy workers and client parents, exploring how relationships *work* or *become work,* or both. I argue that surrogacy workers' notion of 'working relationships' in surrogacy arrangements was twofold. First, for the duration of the arrangement, many surrogacy workers sought a mutually beneficial relationship. In other words, they wanted a relationship between them and their clients that worked. Secondly, surrogacy workers considered the relational work "the creative effort people make establishing, maintaining, negotiating, transforming and terminating interpersonal relationships" (Zelizer 2012:149), which they performed in order to make their relationships work out, which are both *work* and their duty as part of their surrogacy agreement.

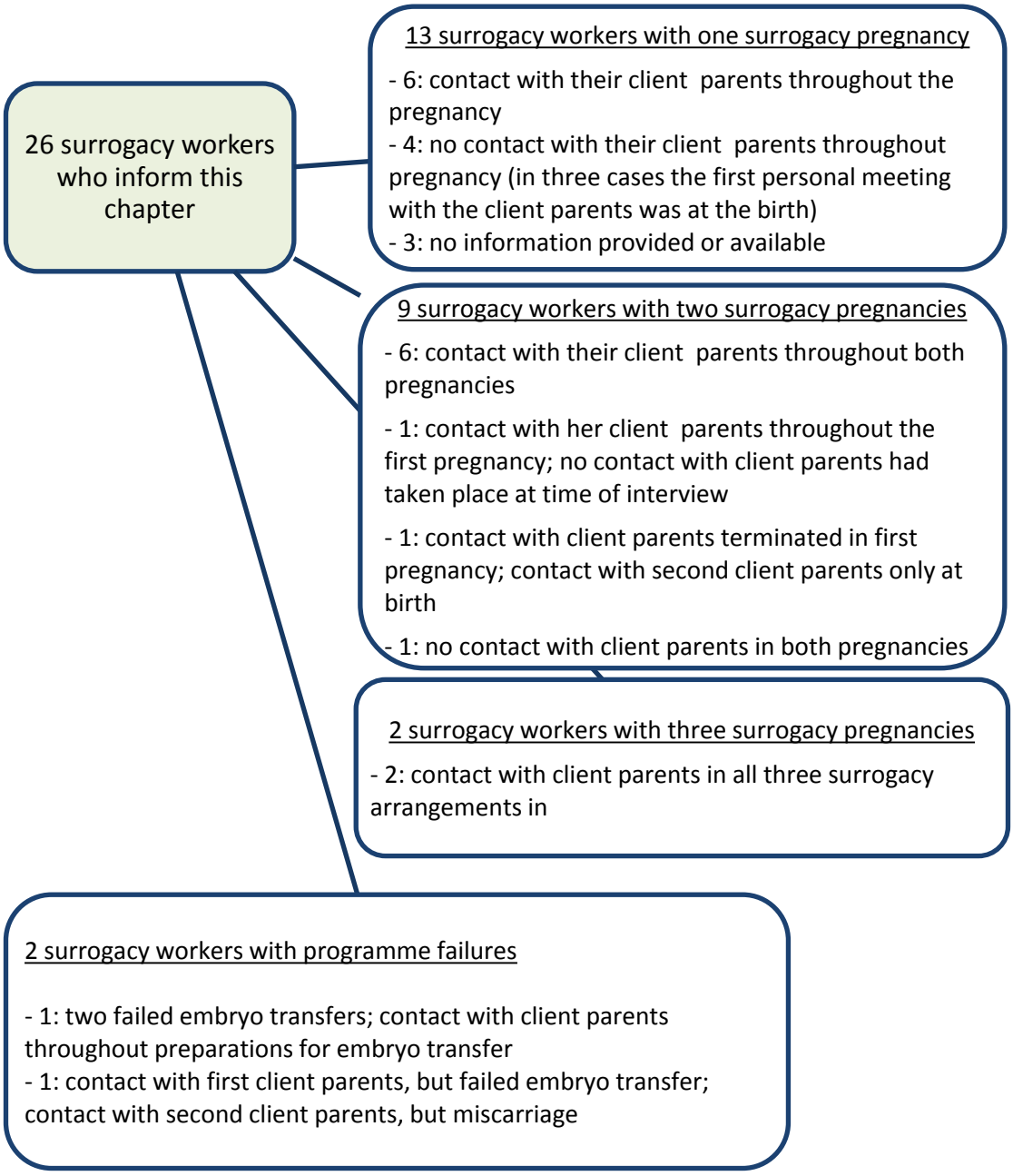
The relationships between a surrogacy worker and her client parents have been a long-standing and well-researched theme in empirical research (chapter 2).[89] To summarise, the over-arching finding of research to date is the tendency among surrogacy workers to highly value the development of a relationship and to regard the achievement of a lasting bond as a marker of success and satisfaction (Berend 2014, 2016; Haylett 2015; Imrie and Jadva 2014; Teman 2010). Secondly, research has shown that forging a lasting bond was seen as a way to de-commercialize the contractual arrangement (Berend 2016; Cussins 1998; Haylett 2015; Jacobson 2016; Teman 2010), or, in contrast, as a strategy to obtain greater (material) gain after the arrangement is concluded (Pande 2014b). In this chapter, I engage with these findings.

I base this chapter on interviews, conversations and participant observations with 26 surrogacy workers (including 13 surrogacy workers with one surrogacy pregnancy experience, nine with two surrogacy pregnancy experiences, two with three surrogacy pregnancy experiences and two whose programmes had failed), six client parents and agency staff. My sample includes three arrangements in which I interviewed both the

[89] For Israel, see Teman (2010), for the UK Imrie and Jadva (2014) and Jadva et al. (2003), for the USA Berend (2016), Jacobson (2016), Haylett (2015) and Ragone (1994) and for India, Deomampo (2016), Pande (2014) and Rudrappa (2015).

client mothers and the surrogacy workers.[90] In Figure 6.1 below I give an overview of the diversity of the relationships amongst surrogacy workers in my sample.

Figure 6.1, Overview over modes of contact between surropgacy workers and client parents during surrogacy arrangement



[90] (1) Surrogacy worker Olesya and client mother Evgenya; interviewed separately, observations at mutually attended pregnancy appointments (2) surrogacy worker Ilya and client mother Nadezhda; interviewed jointly and separately, observations at mutually attended pregnancy appointments (3) surrogacy worker Asenka and client mother Katarina; interviewed separately, no observations.

My data reveal that only two of the surrogacy workers who aspired to have a cordial, supportive relationship with their client parents beyond the duration of the pregnancy – like the surrogate mothers in Israel, the UK and the US – succeeded in doing so. However, a minimum of seven surrogacy workers in my sample regarded a relationship with their client parents as unnecessary, undesired or as a duty, undertaken in order to please their client parents. Regardless of whether the relationship was seen as necessary and part of surrogacy work, or enjoyed and perceived as easing surrogacy work, my participants expected the relationship to be transient. With this chapter I further demonstrate how this phenomenon correlates with Russia's cultural framing of surrogacy as a business arrangement (Weis 2013).

I draw on Sherry Ortner's (1997, 2006) concept of 'serious games', which Ortner developed from practise theory (Bourdieu 1977; Sahlins 1981; Giddens 1984), to guide and substantiate my analysis and to identify the subtleties of surrogacy workers' agency in surrogacy arrangements. For Ortner (1997:10-14), agency is a culturally-constructed and socially-embedded capacity to act. Thus, I conceptualise surrogacy arrangements as a 'game' that is played under certain rules, in a certain arena. The game is 'serious' as much is at stake, and surrogacy workers are active players who learn the rules to act in accordance with them, eventually challenge them or even cheat.

The chapter is organised as follows. I introduce Ortner's concept of 'serious games' and sketch the social context – the arena – that guides surrogacy workers' agency. From there, I turn my focus towards the surrogacy workers, looking first at how surrogacy workers' expectations and intentions regarding the relationship with their client parents influenced their choices for the surrogacy arrangement. Next, I explore how the relationships developed during the pregnancy, and finally, what course the relationships took after childbirth.

With this chapter, I contribute to knowledge about the framing and experience of relationships between surrogacy workers and client parents in Russia. As I discussed in my methodological chapter, it is a strength of ethnographic research that it explores the exceptional as thoroughly as the representative in order to fully understand the

dynamics of a social phenomenon. Only then can we provide a distinctive and complete picture (Emerson et al. 1995:162). Therefore, in this chapter, I discuss unique cases as well as more widely-shared experiences.

6.1 Theoretical perspective: serious players in a 'serious games'

In order to conceptualize surrogacy workers' agency in relationships – how they approached, enacted, negotiated, accommodated or sought to desist from relationships with client parents – I draw on the Sherry Ortner's concept of 'serious games' (Ortner 1997, 2006). I further complement it with Näre's (2014) conceptualization of agency as a continuum of capabilities and MacLeod's (1992) argument that agency is always complex and ambiguous.

The concept of agency is popular among social scientists and the agency versus structure dualism is at the heart of philosophical debates within social science. Yet at the same time the concept of agency remains an "abstraction greatly underspecified, often misused [and] much fetishized" (Comaroff and Comaroff 1997:37). In my work, taking a feminist approach situated within the epistemological position of interpretivism which acknowledges and studies individuals' unique and specific agency (Schwandt 2012:186), I conceptualise agency as a "socioculturally mediated capacity to act" (Ahearn 2001:112). As mentioned above, Ortner developed her concept of serious games from practice theory (Bourdieu 1977; Sahlins 1981; Giddens 1984). She points out that there is no such thing as "opposition between 'structure' and 'agency'" (Ortner 2006:130) whereby the agent counters "a Borg-like entity called 'Structure'" (Ortner 2006:130). Instead, agents act *within* a given structure and equally co-create it. Agents are always socially embedded, they are "involved in, and can never act outside of, the multiplicity of social relations in which they are enmeshed" (Ortner 2006:130). Hence, Ortner proposes to conceptualize this structure – life – as a 'game' within which actors learn the rules and begin to strategize (Ortner 1997:20). I add that players can choose to act accordingly, or bend or break the rules—jointly or individually. By describing the games as 'serious', Ortner (1997:12) accentuates that "power and

inequality pervade the games of life in multiple ways, and that (…) the stakes of these games are often very high." With the help of Ortner's concept, I am able to locate and analyse surrogacy workers' agency within the inherent power inequalities, the social and biological stratification and the commodification of their reproductive capital, without denying these women "skill, intention, wit, knowledge, [and] intelligence" (Ortner 1997:12) and the capacity to make their own decisions and pursue their own agendas. Surrogacy workers accomplish their own agendas within the set of the rules of the surrogacy 'game', which are cultural values, contractual arrangements, client parents' wishes and demands, physiological risks associated with pregnancy and childbirth, and their own needs and emotions, as well as those of their families. In addition, there is rarely only one game in play. Individuals can engage in multiple games simultaneously.

I further draw on Näre's (2014) and MacLeod's (1992) work to complement Ortner's framework. Näre (2014:224-225) importantly proposes to "[perceive] agency not only as *resistance* and *active* action (…) [but include] more subtle forms of transformation and change through *adaption* and *reception.*" Here, I further add *temporary accommodation*, the intention to accommodate a situation for limited amount of time with the intention to ultimately change the course or character of the game. Näre (2014:225) understands agency as a continuum that moves "from adaptation and reception to the capability to act" and asks:

> (…) not whether a person can express her agency, or, to what extent she is a victim of the social forces, but rather, in which ways and under what kinds of conditions can she practice her agency despite cultural constraints, what are the outcomes (the various forms of individual and social change) that her agency brings about, and in which ways could her capability to act be enforced?

In her work on veiling practices among women in Cairo, MacLeod (1992:534) argues that women are always active players, even in constrained circumstances. Their agency is complex, entailing acceptance, accommodation, ignorance and resistance – often simultaneously rather than alternating.

In a similar vein, McNay (2000) argues that a one-sided account of agency as resistance underplays its creative dimension. I therefore regard the concepts of 'serious games'

(Ortner 1997, 2006) and 'capabilities' (Näre 2014) as useful tools to guide my analysis of how surrogacy workers engaged in and negotiated their surrogacy relationships with their client parents.

6.2 Biological stratifications and the commodification of reproductive capital

Conceptualizing surrogacy workers' agency as a socially embedded capacity necessitates contextualising surrogacy workers' experiences into the context that shaped and guided their agency (Ortner 1997). As multiple contextual layers shape surrogacy workers' agency, I sketch out the context within which the relationships took place before presenting my analysis of surrogacy workers' relationships and their relational work. For this purpose, I briefly recapitulate my argument about social stratification and the perception of surrogacy as work (see chapter 5), before introducing the further contextual layers of varying reproductive capital and consequential biological stratification, as well as the impact of the commodification of reproductive labour. Understanding how surrogacy workers are enmeshed in contextual layers and how these contextual layers are connected is necessary to understanding the subtleties of surrogacy workers' agency.

In chapter five, I argued that surrogacy workers and client parents are socially stratified. Client parents possess more economic, social and cultural capital than their surrogacy workers, and have access to resources that the latter do not. Further, I have shown that surrogacy in Russia is framed as an economic transaction and that consequently, surrogacy workers perceive carrying a contracted and commissioned pregnancy as a form of work/temporary employment. Therefore, surrogacy workers and client parents conceptualise their relationship in terms of a hierarchical "employer-employee"[91] relationship, which supports and reinforces their notion of surrogacy as work, and shapes their interaction.

[91] I have discussed in chapter 4 how the realities of the social organisation of surrogacy suggest that the term 'employee' for surrogacy workers is problematic. Nevertheless, to present the voice of the surrogacy workers and client parents, I quote their framing. Framing surrogacy arrangements in employer-employee terms allowed them an unambiguous framing of a hierarchical setting with which they were familiar.

The next contextual layer to consider when analysing surrogacy workers' agency, is surrogacy workers' and their client parents' varying degrees of reproductive capital, which render them biologically stratified. I developed the term *reproductive capital* from Bourdieu's (1986) theory of different forms of capital. Bourdieu (1986:241) describes capital as accumulated labour and individuals' resources on which they can draw when negotiating with one another. For this thesis, I define reproductive capital as an individual's fertility, the possession of viable and healthy gametes and in the case of women, their ability to conceive, gestate, give birth and breastfeed.[92] Hudson (2008:271) referred to individuals using their own gametes in the IVF treatment process as possessing and exerting a form of *reproductive capital.* Client parents and surrogacy workers possess different amounts of reproductive capital. Surrogacy workers are healthy and fertile. Furthermore, they take pride in their fitness and fertility, and feel empowered by it to use it strategically. Client parents, on the other hand, suffer from impaired fertility and therefore need to resort to surrogacy workers' services to achieve parenthood. This varying reproductive capital leads to biological stratification[93] between surrogacy workers and client parents and intersects with the social and economic stratification that I outlined previously.

When entering a surrogacy arrangement, surrogacy workers with rich reproductive capital, and client parents with greater economic capital meet to gain from each other by exchanging their respective forms of capital. Mitra and Schicktanz (2016:8) point out that "unlike the surrogates who feel very confident about their reproductive capacities, the intended parents feel extremely vulnerable and anxious during the whole procedure for not having any control over their attempted conception." Therefore, once the conception has been confirmed, client parents appropriate control over the surrogacy worker's body, possibly to compensate for their powerlessness. In these contractual arrangements, surrogacy workers commodify their reproductive labour of conceiving, gestating and giving birth. In Marxist terms, commodification describes "the process of assigning market value to goods or services that previously

[92] Roberts (1998:105) has referred to surrogate mothers as possessing 'biological capital'.

[93] I owe gratitude to Dr Robbie Davis-Floyd, who in one of many past-midnight discussions during my internship with her in February 2016, inspired this term.

existed outside the market" (Constable 2009:54). Commodification is "rarely simply given, unambiguous or complete (…) [and] the question remains how the commodification (…) is understood and experienced by those involved in such relationships and processes" (ibid.). Zelizer (2005:1-2) offers a perspective onto the ongoing process of commodification, whereby she contends that intimacy and economic activity are closely intertwined, sustaining as well as complementing each other. As Rudrappa (2015:62) has already pointed out when drawing on Zelizer's framework in her analysis of commercial surrogacy in India, Zelizer admonishes us that "we should stop agonizing over whether or not money corrupts, but instead analyze what combinations of economic activity and intimate relations produce happier, more just, and more productive lives. It is not the mingling that should concern us, but how the mingling works" (Zelizer 2005:298).

In my following analysis of how surrogacy workers worked out their expectations and relationships with their client, and, in doing so came to understand the relationship as part of their surrogacy work, I consider these multiple contextual layers of the economic framing of surrogacy in Russia and players' varying amounts of reproductive and economic capital. I begin by looking at surrogacy workers' expectations regarding their relationships, starting with their pre-arrangement preparations.

6.3 Preparing for surrogacy: how surrogacy workers' expectations and arrangement choices influenced their relationships

In this section, I present surrogacy workers' experiences of the differences between direct arrangements and those concluded via commercial surrogacy agencies. Further, I present how this awareness, alongside their intentions and personal expectations regarding their relationships with client parents, can set the tone for the course of the relationship.

6.3.1 Agency arrangements for minimal contact

In chapter 4, I briefly introduced the differences between agency and direct arrangements. Yet the following analysis of surrogacy workers' choices between direct and agency arrangements, and the way these choices can influence the course of their arrangement, necessitates expanding on agencies' policies regarding the contact between client parents and surrogacy workers. In agency arrangements, staff members preferred to curb any personal relationships between client parents and their surrogacy worker, or ideally, forestall contact from the beginning. "Why *should* our clients want to talk to the *surmamas*?" replied 'Happy Baby's' secretary Ala to my inquiry about their policy. She contended: Had their client parents desired contact and had they been ready to manage their surrogacy worker's supervision, they would have chosen a direct arrangement. In her longstanding experience of assigning surrogacy workers to client parents and supervising the arrangements, she observed that "70% of our clients (…) don't communicate with the surrogate mothers." Client parents occasionally attended medical visits – but "a close friendship and constant calls – no! We don't welcome that. The more [the parents] get in touch, the more capricious the surrogate mothers are." In addition, restricting communication and contact also served to prevent jealously, especially among surrogacy workers who were accommodated together and thus were easily aware of different treatment by client parents. Agencies' rhetoric communicated that contact posed the risk of arousing emotions, and emotions posed the risk of making economic arrangements messy. Framing the option to meet the surrogacy worker as a burden that is lifted by the agency rather than the opportunity to express gratitude underlines the commodification of Russian surrogacy.

For those women who had turned to surrogacy for the first time or who relied on provided accommodation, agencies appeared to be a safer option than muddling through online offers and contracting with strangers. In addition, the larger and more established an agency was, the more first-time surrogacy workers and women unaware of alternative arrangements felt reassured that agencies were the best and safest option. Yet, agencies also attracted women who intended to avoid their clients and welcomed the agency's minimum-to-no-interaction policy. Surrogacy worker Ilya,

herself eager to know her client parents personally, told me about her acquaintance Alisa, who worked through an agency twice:

> Working with an agency motivated her. 'Because I also don't want to know [the client parents], she said. 'I carried, gave birth, received my money – my relationship with the agency was excellent. They didn't oblige me to travel [*like Ilya who travelled on her client parents' request*] and they gave me my money, all as it should be' she said. I hardly would have been able to do that.

Yuliana shared Alisa's approach. She reflected that if had she been in the client mother's situation and suffered from infertility, she likewise would have avoided contact. In her first agency-mediated surrogacy pregnancy, she had not met her client parents and, pleased with the arrangement, she repeated this with the same agency. Two months pregnant with twins, she emphasized that she had no desire to meet and engage with her client parents.

> If the *bio[logical] parents* want to get in touch with me, if that is *their desire*, I won't resist them. But, as far as I am concerned, I have not the slightest motivation to talk to them. To get in touch would certainly not come from me. [emphasis hers]

Agencies commonly matched surrogacy workers to client parents by their period cycle and blood type, yet for a surcharge, offered client parents additional choices. Surrogacy workers had no opportunity to influence the matching. In a conversation with 'Happy Baby's' manager Malvina, I once reflected on surrogacy workers' accounts of frustration with unsatisfactory matches and suggested that an inquiry into both sides might increase everybody's satisfaction. In response, Malvina opened her eyes wide in astonishment, then laughing shook her head. In her opinion, surrogacy workers needn't be given a choice: conception success rates did not hinge on how much the worker liked her employer.

These accounts by agency representatives and surrogacy workers demonstrate how agency arrangements provide an arena where interactions between surrogacy workers and client parents simultaneously rarely happen and are rarely desired. Surrogacy workers who were aware of this, and who desired such an arrangement, therefore chose to capitalize on their reproductive labour through an agency. However, agencies

were also the place to go for women without alternatives, both aware and unaware of the possible implications concerning the relationship with their client parents.

6.3.2 Direct arrangements for enabling a relationship

Surrogacy workers and client parents who felt uncomfortable with the strong ethos of disconnection and commodification as proclaimed by agencies, turned to direct arrangements. One of them was Ilya. For each of her three arrangements, she invested time until she felt she had found the right person. Similarly, Ilya's third client mother, Nadezhda, for whom Ilya was her first surrogacy worker, was adamant about finding a surrogacy worker with whom she would be on personal terms. Initially Nadezhda had considered an agency, but reconsidered during the first consultation, because "we found so much coldness there—as if we had come to buy carrots." In direct arrangements, personal contact and finding a common language was essential to being able to navigate the process together. Both surrogacy workers and client parents therefore attached importance to finding "adequate, appropriate people (…) [with whom one] feels comfortable, at a minimum at conversation level" as surrogacy worker Ira framed it. As outlined in chapter four, the average payment in St Petersburg was 800,000₽ [£9,040]. Referring to these rates, Ira contemplated "Let us suppose, there are clinics[94] which offer 900,000, 1,000,000, 1,200,000₽ even! But… it would be my pleasure to go for less – but only if the person is proper. That is how important it is for me." Likewise, surrogacy worker Asenka stated, "the emotional support is more important" than choosing the highest-paying arrangement under non-rewarding conditions. These accounts show that women turned to direct arrangements with the intention of laying the groundwork for a relationship with their client parents – a temporary relationship.

In order not to romanticise direct arrangements as the way to override the commercial character of surrogacy, it is necessary to point out that surrogacy workers' wish to find

[94] Ira is referring to clinics in Moscow, where some clinics collaborate so closely with certain agencies that they were commonly conflated.

client parents with whom they felt comfortable did not diminish the arrangement's contractual character: it neither challenged the hierarchal relationship, nor the overarching framing of surrogacy as a business arrangement. Instead, surrogacy workers' keenness to know their client parents was driven by several factors: curiosity to know who was the origin and recipient of the child, the desire to be regarded and valued as more than a womb in a production line, and to gain a distraction from their prosaic daily routine as a stay-at-home mother. Their agency played out both in the form of adapting to the commercial framing (Näre 2014) and strategically pursuing their own agendas (Ortner 2006), such as seeking a temporary relationship and gaining additional benefits, which accounted for the ambiguity of agency (MacLeod 1992) when acting within various contextual layers. Finally, besides having a preference about whether to enter an agency arrangement or direct arrangement, and having minimal or no contact and having the prospective of forging a (temporary) relationship, some women expressed indifference. In summary, the more surrogacy workers knew about their options and the conditions of direct or agency arrangements, the more likely they made their choices strategically. Those informed about the options, having an agenda of their own, knowledge about 'the game' and a little knowledge about the guiding rules, chose strategically. Women who placed importance on knowing their client parents personally and developing a supportive relationship for the duration of the arrangement, chose direct arrangements. Women whose preference was none or minimal contact opted for agencies. Those unaware of options and what the respective alternatives could imply – which was the case with first time surrogacy workers who were unaware of surrogacy forums where other women shared their experiences - had no choice but to respond to the given circumstances.

In the following section, I explore how the games and relationships unfolded, and analyse the surrogacy workers' agency as players in the serious games of surrogacy.

6.4 During the pregnancy: making the surrogacy relationship work

After having discussed how surrogacy workers' expectations and intentions regarding the relationship influenced their choices for the 'right' arrangement and the 'right' match, I focus on how surrogacy workers developed their agency as players in surrogacy's serious games and trace their efforts to relate to their client parents during the pregnancy. I therefore complement my conceptual framework of 'serious games' with Zelizer's concept of 'relational work'. Zelizer (2012:149) defines relational work as "the creative effort people make establishing, maintaining, negotiating, transforming, and terminating interpersonal relations." She further describes relational work as a process during which

> for each distinct category of social relations, people erect a boundary, mark the boundary by means of names and practices, establish a set of distinctive understandings that operate within that boundary, designate certain sorts of economic transactions as appropriate for the relation, bar other transactions as inappropriate, and adopt certain media for reckoning and facilitating economic transactions within the relation. (Zelizer 2012:146)

First, I explore relationships between surrogacy workers and client parents that worked out to each party's satisfaction. Next, I grapple with relationships that developed because surrogacy workers considered it their duty to be receptive to their client parents' wish to be in (close) contact and establish a relationship. Finally, I discuss how surrogacy workers coped when relationships failed.

6.4.1 Relationships that worked

In this first sub-section on how relationships develop over the course of the pregnancy and impact on surrogacy workers' perception of their surrogacy work, I present two cases in which both sides sought contact and a mutually supportive relationship. In order to negotiate their surrogacy relationships, which form at the intersection of the intimate and economic spheres, both sides performed relational work (Zelizer 2005, 2012). That means, both the surrogacy workers and client parents made efforts to

address, reassess and shape their boundaries and over this process established, maintained and repeatedly negotiated their interpersonal relations (Zelizer et al. 2012).

When Asenka, a single mother from Kronstadt[95], first decided to be a surrogacy worker, she registered with a St Petersburg-based agency. Contact with the client parents was important to her, and she was lucky that the client parents matched to her by the agency were equally interested in meeting her. Although they lived several thousand kilometres away in Ulan-Ude[96], they came to St Petersburg several times and invited her out. Asenka appreciated the client parents' interest in her personhood in addition to her 'uterine guest'. For her second arrangement, a year later and considerably richer in experience, Asenka did not leave the match and potential for a pleasant relationship to chance. She undertook an avid search until she found client mother Katarina who shared her attitude: Katarina could not have imagined an arrangement without personally relating to her surrogacy worker. Yet Katarina described surrogacy a form of work with an inherent 'employer-employee relationship.' As the manager of her own company and a small number of employees, the comparison came naturally, and she added that she always tried to treat Asenka "as I wanted to be treated." For her, the commercial core was inevitable, yet indisputably, she acknowledged and deeply appreciated Asenka's care work for her in-utero child. She accompanied Asenka to all pregnancy appointments, assisted with shopping and was on call in case Asenka needed any help, in particular when Asenka fell ill with colds. When Katarina noticed that Asenka struggled to organize childcare for her daughter to continue her low-wage job as a salesperson while keeping all surrogacy-related appointments, she offered Asenka the opportunity to quit the job to have more time for her daughter and look after her own well-being. To compensate for the income loss, she increased Asenka's monthly allowance. Asenka appreciated Katarina's efforts and unconditional moral support. She commented:

[95] Kronstadt is a city located on the Kotlin Island in the Gulf of Finland, 30km west of St Petersburg.

[96] Ulan-Ude is a city south of Lake Baikal in southern Siberian and a stop on the famous Trans-Siberian railway line.

> It was an additional plus that the child could recurrently hear the mother's voice and in such moments, I pointed it out to the child 'Listen! Listen! That is your mother talking!' because I believe that this [awareness] needs to be there early.

Like Asenka, Ilya also chose all three of her client parents carefully. She explained:

> There are people who care only about the business [parts], who don't seek, who don't need a personal tone. They want you to perform your duties neatly, like in an employer-employee relationship. (…) I see [surrogate motherhood] as a service, a paid [service], quite delicate and fine in every aspect and where emotions predominate.

Ilya's choice to spend more time searching for a good match worked out for her. Despite the inevitability of a commuting arrangement[97] (see chapter 7), Ilya and her client mother Nadezhda established a close and mutually supportive relationship. Every time Ilya came to St Petersburg, she lodged with Nadezhda and her husband. All three felt very comfortable with each other.

Both 'couples'[98] of surrogacy workers and client mothers – Asenka and Katarina, and Ilya and Nadezhda – 'played their game' with the intention of accomplishing both the economic exchange and the personal relationship with their own and each other's benefit in mind. In order to achieve their multiple goals, they recognized each other's needs and were aware that surrogacy sits at the cusp of trust and 'work'. For Ilya, the layer of the personal, cordial relationship with her client parents softened the edges of surrogacy's foundation, the 'employee-employer' arrangement. For client mother Katarina, the social relationship did not have the same effect. The economic framing of surrogacy as a business arrangement was on a par with the gratitude and affection she felt for her surrogacy worker Asenka. The business of surrogacy and the fondness towards the person she hired for the work were two separate, yet simultaneous circumstances. In both cases, besides understanding the arrangements as essentially commercial and work, both parties attached great importance to having good rapport and a supportive relationship with each other. Their cases show that when surrogacy

[97] Ilya continued to live in her hometown Yarstevo, close to Smolensk by the Belarusian border, and commuted on demand via the 16h train ride to St Petersburg.

[98] Client fathers are generally sidelined in the relationship and the relational work throughout the process of surrogacy (see also Teman 2010:184).

workers and client parents (client mothers in most cases) engage with each other, the resulting cordial relationships can be supportive and affirmative, but this does not shake the very foundations of surrogacy and its cultural framing in Russia. Surrogacy remains coded an economic exchange. Furthermore, these positively-experienced arrangements suggested surrogacy workers to not code their relational work as *work*, but as easing their work.

6.4.2 The relationship is work

In this section, I explore how some surrogacy workers did conceptualise the personal relationship as part of their work load as surrogacy workers. They saw the relational work (Zelizer 2012) and emotional labour (Hochschild 2003) that they invested into negotiating and sustaining the relationship with their client parents as part of their *work*. They coded the relationship and the relational work they invested as one of the services expected from them as surrogacy workers. Hochschild (2003:7) defines 'emotional labour' as the effort individuals make "to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others," thus, 'emotional labour' is "the emotional style of offering the service is part of the service" (Hochschild 2003:5).

During Mila's first agency-mediated surrogacy pregnancy, her client parents infrequently inquired about her well-being, alternating personal calls with sending regards via the agency. On the day of delivery, Mila's client mother was present at birth with Mila's permission. She held Mila's hand and stayed by her side until after the delivery. The client parents' attention gave Mila a sense of support and being valued. Two years later, Mila carried her second surrogate child for new client parents. At the time of the interview, Mila was eight weeks pregnant and her client parents had neither introduced themselves, nor sent a personal message through the agency. "And maybe I won't [ever meet them]. That all depends on the parents' preference," explained Mila. Intrigued by the matter-of-fact content of Mila's statement, yet the contradictory meta-communication which she offered with the soft worry lines on her

forehead and the submissiveness in her voice, I asked again: "And *your* wish? Do *you* want to meet them?" Mila answered: "Well, if the parents have the desire to meet me, why should I be against it? I won't refuse them." One more time I insisted: "And *your* wish?" whereupon Mila replied

> Of course I would like to see them, meet them, and have a relationship. (…) For me personally, I find it easier. I don't know how it is for others, but for me it makes it easier. To see them at least once and talk, and understand their attitude.

Nevertheless, Mila considered it neither her right nor appropriate to request contact and by this the client parents' attention. Her attitude and approach was shared among several surrogacy workers in my study. Also surrogacy worker Anna, five months pregnant when we first talked, did not know her clients. Even though she wanted to meet them and quiet her curiosity about whose child she carried, she explained that the client parents had her number, hence: "If they have the desire, then they will call me, and I will be there." Both Mila and Anna considered it their duty to be receptive to the client parents' expectations. It was their expression of agency to adapt to the given circumstances. As Näre (2014:225) has pointed out, "to be an agent does not necessarily mean resisting or acting against someone or something, but being receptive and adapting to one's circumstances." Both Mila and Anna had been surrogacy workers with their agency before and were well aware that insisting on contact would not only have been a venture in vain, but could even have caused them trouble with the agency. Therefore, their way to reach their goal, of successfully completing the arrangement and receiving full financial compensation, was to content themselves with the circumstances they were in, a path of least resistance which engendered less emotional turmoil.

Anyuta, a first-time surrogacy worker from a small Ukrainian town, was about to enter a direct arrangement. She had chosen a direct arrangement not because of the prospect of establishing a relationship, but because all the agencies she contacted made relocating and living in accommodation provided by the agency, separated from

her child and husband, conditions of participation.[99] Anyuta regarded carrying a surrogacy pregnancy unequivocally as work. She knew that personal contact with the client parents was essential in a direct arrangement and attuned herself to comply with her client parents' demands accordingly and from the beginning. Hochschild (1979) might have said that Anyuta had done her 'emotion homework'. This is how Anyuta explained her reasoning:

> During the pregnancy, I am sort of their hired worker, therefore I need to carry out their requests… if the bio-mama wants to watch over my pregnancy at every step and turn, I consider that her right. And I won't oppose her. (…) [The relationship during the pregnancy] will be whatever way they want it. We can keep a pregnancy diary, and they can be in touch and talk for me to share with them the feeling of being pregnant with their child.

Anyuta's statement clearly shows how relational work was part of the tasks she saw as entailed in surrogacy. Casting herself as the client parents' hired worker, Anyuta considered it her job to establish and maintain a relationship that satisfied her employers and guaranteed a smooth arrangement. To achieve this, Anyuta commodified not only her embodied reproductive labour (Cooper and Waldby 2014) of conceiving and carrying the baby for financial compensation, but also her emotions. Attuning herself to please any of the client parents' requirements demanded both emotion work (Hochschild 1979) and emotional labour (Hochschild 2005), "in order to sustain the outward countenance that produces the proper state of mind in [the client parents]" (Hochschild 2003:7).

Anyuta manoeuvred in the arena of surrogacy's 'serious games' in response to the cultural and contextual framings known to her. She was aware of the economic framing of surrogacy and reproduced it by coding the client parents as her employers. The social stratification between her and her client parents reinforced their hierarchical relationship. Contractual partners in surrogacy arrangements are hardly on egalitarian terms, and as Block (2012:138) pointed out, "relational work (…) comes in more or less egalitarian varieties (…) [and] in their relational work,

[99] I had recruited her by responding to her online advertisement in Meddesk.ru (see chapter 3). The interview took place over two long chatting sessions through the Russian social network vkontakte, after I had sent her a link to my profile and she 'accepted me as a friend' (as on Facebook). She did not have Skype at that time.

individuals routinely take advantage of existing social hierarchies." The client parents in my sample consciously as well as unconsciously took advantage of their superior position that was granted to them by their economic status and reinforced by their contracts. Surrogacy workers in return consciously granted their client parents these advantages, thus co-creating the structural inequalities (Ortner 1997). They did so, for instance, by strategically performing the required relational work in order to guarantee that the arrangement would run its course successfully and they would get full compensation. Like Mila and Anna, Anyuta was receptive to the client parents' expectations as she considered the relational work a task entailed in surrogacy work. With my findings and my argument that Anyuta performed relational work in order to fulfil all her duties as a 'hired worker', I contradict Haylett (2015), who studied the relationships between surrogate mothers and intending parents in the USA and argued that "relational work within the surrogate-I[ntending]P[arent] relationship is a failure if the surrogate comes to think of herself as a subordinate who has just rented out her body to people of higher-class statues" (Haylett 2015:117). In Russia, maintaining that the surrogacy worker is the subordinate is part of what makes the relationship work.

Surrogacy worker Olesya felt that performing relational work was her duty, or in other words, that she owed her client mother a relationship that would allow her to draw closer to her child in-utero. She elaborated:

> I understand that [the biological parents] want to spend a lot of time with me, and check what I eat (…). To run from them, to avoid them, I do not regard as correct. As a surrogate mother, I need to attune to the idea that they are more worried than I am. I am helping, but they are giving their own [gametes], and their one and only [hope], [into the care of] another person.

Besides that, Olesya also herself desired a relationship with her client mother and wanted to know more about her. To clarify, Olesya did not regard it as contradictory to both desire a relationship, and to regard having one as her duty. The arrangement with her client mother Evgenya came about through agency 'Happy Baby's 'minimal

package'.[100] When, in our first interview, I invited Olesya to tell me more about her client mother and their relationship so far, she replied

> We have talked very little; I don't know [much about her]. (…) If this pregnancy will be confirmed with God's grace, then I think I will bring her here [to my home] for her to see in what conditions her baby will grow.

Their agency dealt with their official introduction in only a few minutes and left little scope for getting to know each other. Olesya's plan to reach out to Evgenya and welcome her in her home can be seen as 'plan B' should Evgenya not take an initiative to reach out to Olesya. Olesya was aware from her agency's instructions that taking such initiative was against the usual rule and inappropriate. Yet by making a 'plan B', Olesya was prepared to introduce modifications or even her own rules into the game. Unlike her colleagues Anna and Mila, who were in regular, fully-supervised arrangements, Olesya's 'minimal package' arrangement gave her more leeway to express her agency and she prepared to do so. Her strategy went beyond the dichotomy of either obeying or resisting, as MacLeod (1992) would say. Instead, Olesya assessed and understood the complexity of her game-field and played both with the given rules and her own agenda in mind.

In this section, I have shown how surrogacy workers regarded the relational work as result of entering as surrogacy arrangement and being in contact with their client parents part of surrogacy work and it therefore their duty to attune themselves to the client parents' expectations and intentions regarding the mode and frequency of their contact and their relationship during the pregnancy. Drawing on the cases of Anyuta and Olesya, I have shown how responding to client parents' expectations entailed relational work. In short, they saw a relationship on the client parents' terms as their duty, and relational work, emotional labour and emotion work that they needed to invest into its negotiation and maintenance, as work. As shrewd players, surrogacy workers made deliberate and well-considered moves within the given structural frames, tailoring their agendas and manifesting a complex and flexible agency (MacLeod 1992), which displayed receptiveness, temporary accommodation and the

[100] A 'minimal package' arrangement entails the client parent paying the agency for their service of matching them with a surrogacy worker, with no further supervision after a positive pregnancy test.

capacity to act (Näre 2014:224). Naturally, the degree of agency depended on the women's personalities and the demands and constraints of their individual contracts.

6.4.3 Working it out when expectations fail

In this section, I discuss relationships that failed and surrogacy workers' strategic moves and creative efforts of relational work, when working out situations that turned out not as expected, as well as when having to terminate relationships (Zelizer 2012). As I clarified at the beginning of this chapter, the surrogacy workers in my study sought to lay strategic groundwork when choosing either direct or agency-mediated arrangements. However, first-time surrogacy workers in particular often lacked the required knowledge to make informed decisions – and even when trying to be strategic, the dynamics of human relationships remain unpredictable.

Surrogacy worker Olesya, who I introduced above, miscarried the surrogacy child for Evgenya before the end of the first trimester. After an obligatory waiting period of three months, her agency matched her with new client parents. Unlike in the arrangement with Evgenya, her second client parents chose an arrangement whereby the agency is in charge of the entire arrangement. The new client parents neither wanted to reveal their identity nor enter in any form of mediated contact. However, the agency did not share this information with Olesya, who was unaware of the agency's different arrangement option. Accustomed to the previous arrangement whereby she was in regular contact with the client mother, she was confused by receiving an embryo transfer before meeting the client parents. On the same day as she received her appointment for the embryo transfer, she invited me to attend. Over the following days, Olesya continuously expressed her discontent over not having met the client parents. "Will they come to the appointment [embryo transfer]?" "Will I only meet them if the transfer was successful? Or later?" "Do *you* know who they are?" She was frustrated that her agency gave evasive answers at best. By not being explicit

about the new rules of the game – of which the agency tried to take charge, like a game-master – and by keeping Olesya in ignorance, the agency intentionally constrained Olesya's agency as they restricted her capacity to plan her moves and made her dependent on their guidance.

On the day of the embryo transfer, Olesya looked out for the client parents in vain. Moreover, as the clinic was particularly busy that day, the doctors did not permit me to attend the embryo transfer itself. To my surprise, Olesya was more upset about it than I was to miss that observation opportunity. In her first arrangement, she and Evgenya had taken me to every medical appointment, and Olesya had not only gotten used to my presence, but also appreciated the emotional support of the reliability of my presence. When Dr Andrei instructed me to wait in the lounge this time, she therefore felt deprived of the possibility to know her client parents and of her emotional support during the procedure. Returning to the waiting room after the embryo transfer, she said determinedly, "But you *are* coming in [inside the examination room] for the upcoming appointments - should I get pregnant. There [in the other institution] they allow your presence!"

Olesya got pregnant and until the end of my research period, I accompanied her to appointments on a regular basis. During these, I witnessed her unceasing desire to meet the client parents. Her incomprehension of her client parents' disinterest was a subject in all of our discussions. At every medical appointment, when sitting in the waiting area before the examination, every time someone entered through the front door, her head quickly turned towards the opening door in anticipation of seeing her client parents. After two months, the agency confirmed that the client parents preferred the strictest anonymity and categorically no contact. The lack of any detailed information about the client parents frustrated her. It gave her grief to feel unworthy of a meeting. Deprived of a relationship with the client parents and the support they might have given her, Olesya substituted me as her confidante, manifesting her agency by "creating and crafting alternative forms of action" (Näre 2014:225). She invited me to every subsequent appointment. She informed me about every medical detail and personal family trouble that she saw related to surrogacy. By involving me instead of

the client parents, she created alternative forms of action within the structure known to her, "[engaging] repertoires from the past (…) to adjust [her] actions to the exigencies of emerging situations" (Emirbayer and Mische 1998:1012).

Surrogacy worker Diana experienced similar conditions yet her response was in stark contrast to Olesya. Like Olesya, Diana's agency matched her with client parents who chose anonymity and Diana was bitterly disappointed, as she was unaware of such possibility. She anticipated at least some form of contact. Her disappointment and frustration grew when she discovered that her two housemates in the shared agency-provided accommodation were in contact with their client parents. Whilst Diana never received a call or a card, these women even received gifts and met their client parents personally. This is how her story unfolded:

> In the beginning, I felt uncomfortable about the absence of communication, because… if I carry a baby for someone, I want to know what awaits [the child], and that I am not just an incubator, but helping someone to achieve a wonder (…). But then, as time went by, on the contrary I began enjoying this arrangement, because nobody was trying to get into my mind, nobody was trying to wring answers from me, about how I feel, what I eat, how often I take walks, how I spent my free time – I felt entirely free. I slept when I wanted, ate chips when I wanted and which I shouldn't, as well as those salted sunflower seeds that I shouldn't but which I craved, I picked up [my] child[101], which is forbidden, because it puts pressure on my uterus – all in all, it was great. I was fine.

When Diana said she wanted to know that she was not a mere incubator, but rather helping someone to achieve a wonder, she did not imply an altruistic motivation, as she was very frank about her financial motivation. Instead, she wanted confirmation that the client parents were proper people who would treat the child properly, and not like a commodity. She feared that the client parents' attitude towards her, which made her feel like a 'mere incubator', reflected their attitude towards the child. Yet, witnessing how her fellow surrogacy workers' client parents' interest assumed proportions of penetrative control over their lives and their initial pleasure turned into a burden, Diana reconsidered her situation. She became aware of the amount of relational work and emotional strain she was spared when she witnessed her two

[101] Her one-year old child lived with her. That was a rare exception, as she could not find anybody with whom to leave the child in care. However, it meant that she received a lower final compensation for bringing her child (see chapter 4 and 7.)

housemates struggle to please their client parents, instructed to adhere to certain diets and schedules of sleeping, eating and corresponding with them. After re-evaluating her situation, she no longer felt that she was missing out on benefits, she appreciated the benefits of peace, silence and privacy. She was deprived of a relationship, but was able to change her own emotions from disappointment and frustration to appreciation (Hochschild 1979), which compensated for her initial concerns over the client parents' attitude.

Unlike Olesya, who prepared for a 'plan B' and alternative rules but was impeded in implementing them, Diana managed fairly well to make up and enact her own rules. In fact, flouting the rules of her agency 'Happy Baby' became a game for her. The triumph of no longer feeling deprived of a privilege, but feeling more privileged than her housemates, empowered her to rely more on her intuitive knowledge. As the doctors were satisfied at the bi-weekly appointments, her 'mischief' went unnoticed. Her pregnancy ended successfully.

Finally, Marcella, who also worked for 'Happy Baby', by contrast, was initially in direct contact with her client parents and terminated the contact on her own account. Marcella's client parents called her on a regular basis and attended her medical appointments to make sure not to miss a nuance of the pregnancy. They also brought Marcella food, presented as a token of gratitude, yet equally to ensure that Marcella ate what they thought was beneficial. Initially Marcella felt privileged with such solicitous client parents. Over time, however, the tension grew as Marcella increasingly felt her boundaries were intruded upon. At the end of her second trimester, Marcella felt the client parents had overstepped every mark, prying into her privacy and questioning her personal integrity. As the client parents were unreceptive[102] to Marcella's requests to grant her some privacy, she changed her strategy and turned to the agency. First, she asked the coordinator to speak with her client parents, but when the more subtle attempts failed, Marcella decisively broke with the rules of the game. She pressed the agency director to prohibit the client parents from contacting her. From being initially accommodating, in the role of a recipient obedient worker, she

[102] It is likely that the client parents' exaggerated attempts at control stemmed from previous pregnancy loss and anxiety at losing another one.

resisted and toughened up her game. Her determined move to disrupt the structure despite what was at stake proves her resourcefulness despite structural disadvantage (MacLeod 1992).

Applying the extended serious games approach to three women's moves has enabled us to see how the women assessed and adapted to the conditions they faced according to their personalities and capabilities (Näre 2014). Olesya, Diana and Marcella acted with their own agenda in mind, yet also gauging what was appropriate and what was required of them. Olesya and Diana chose to be adaptive 'players' in their 'serious games' (Ortner 1996; 2006; Näre 2014). They both expected to establish a relationship with their client parents, but the client parents scotched their efforts from the beginning. Enmeshed in the power dynamics of being seen and seeing themselves as the employee who must act according to the agency's and client parents' demands, Olesya and Diana developed strategies of coping with the circumstances that reinforced and co-created the hierarchical structures they found themselves in. Olesya coped with the circumstances of being refused to involve her client parents by closely involving me in her surrogacy experiences. Diana shifted her attention to the positive aspects the absence of the client parents yielded for her. In their creative efforts at coming to terms with the unexpected situation, Diana managed to achieve greater satisfaction than Olesya. Marcella, by contrast, took the daring step of breaking with the given structure by demanding the client parents changed their behaviour. She enacted her agency and relational work by "marking the boundaries of the relation" (Toledano and Zeiler 2016:171). Her actions showed determination and resilience. She performed relational work, at first in investing into the relationship, as she considered it her duty, and later in contesting the relationship and negotiating and finally enforcing its end (Zelizer et al. 2012).

6.5 What comes after childbirth?

After having given an insight into surrogacy workers' expectations prior to the arrangement, and their relational work and strategies of adaption to their client

parents' expectations during the pregnancy, this final section chronicles surrogacy workers' expectations regarding their relationship with the client parents after childbirth. I show that as a result of the Russian cultural framing of surrogacy as a business arrangement, all actors alike do not expect the eventual relationship between surrogacy workers and client parents to continue after childbirth. Instead, a relationship is expected to be transient.

6.5.1 Expectations for after childbirth

The gist of what surrogacy workers and client parents expected to come after childbirth was that this new period felt unpredictable to them. As a strategy to deal with uncertainty, many avoided thinking about it. Client parents, especially in their first surrogacy arrangement, felt incapable of anticipating their future feelings towards their surrogacy worker once their child was born and therefore to decide whether and how to stay in touch. Some feared exposing the child's conception story.[103] Equally, surrogacy workers hesitated to imagine their relationship postpartum, especially when the relationship was going well at the time of pregnancy, to guard against disappointment. Just as during the pregnancy, they regarded it the client parents' right and privilege to make the decision regarding the course of their future relationship. During the pregnancy, the surrogacy worker's body is both the connection to the child as well as the living barrier between the baby and the client parents. Only with her surrogacy worker's collaboration can a client parent lay their hands on her belly and feel their child move. Once the child is born, the surrogacy worker loses that status. Her duty is done, except in the rare cases when the client parents ask her to provide breast milk. Consequently, postpartum, the surrogacy worker is transferred into a "liminal position" (Teman 2010:192), and once she has signed the documents that allow the client parents to sign over the parental rights, she can make no more legal claims.

[103] At the time of pregnancy, the majority of the client parents either precluded the future possibility of telling their child how they came into the world, or were undecided.

Client parents had the privilege of choosing whether to stay in contact and the surrogacy workers complied with this arrangement. While in preparation for an embryo transfer for her third surrogacy pregnancy, I asked Ilya how she felt about the endings of her previous arrangements and whether she had ever initiated staying in contact or tried to. Ilya was taken aback by my presumption that she had or would ever prompt this. The idea of a surrogacy worker taking the lead in continuing a relationship with the client parents seemed preposterous to her. Her quotation illustrates this point:

> I have never taken the initiative! That would be disreputable, or, at least, not nice. Different people have different approaches to it. Maybe [the client parents] really want to forget *how* their child was born and that [the client mother] wasn't able to give birth herself. As far as I know, [infertility] is very painful for many. Therefore, they want to reach that phase and move on. They will express their gratitude in words and in material gifts… and then they will return to their lives, where a new stage is awaiting them now. In essence: what place do I have in it?

Ilya's rhetorical question at the end expressed an imperative shared among many surrogacy workers: 'unless *the client parents* want you in their lives, *you* do not have a place there and you should not impose yourself'. The surrogacy workers in my sample had chosen to carry commissioned pregnancies primarily to earn money. Altruistic motivations came second. They had entered the arrangement with financial expectations, not with the expectation of bonding with the client parents for life and even becoming fictive kin (Haylett 2015:149). Surrogacy workers therefore formed their intentions for their strategic moves within the context of commodification and surrogacy being a business transaction, not a 'labour of love' or 'gift' as it is commonly framed in the USA, UK and Israel (Berend 2012, 2016c; Jacobson 2016; Teman 2010; van den Akker 2003). That meant, once the contract was concluded, the game ended. This contrasts with practice in the USA, UK and Israel, where a gift narrative prevails and triggers the expectation for continuous contact and expressions of gratitude – as money alone cannot compensate for a priceless gift. In the economic framing of surrogacy in Russia, the financial compensation completes the exchange. Ilya's reaction further shows how she thought less about herself and more about pleasing

her client parents. In the following section, I explore how and under what conditions some arrangements ended with childbirth while others continued to (be) work.

6.5.2 Moving on once the work is done

In this section, I explore relationships between surrogacy workers and client parents that ended once the baby was born and the money received. In the majority of arrangements in my sample,[104] contact between the client parents and the surrogacy workers ended with childbirth. In Anna's first surrogacy pregnancy, her single client mother Svetlana came from Krasnoyarsk.[105] Svetlana made the journey to St Petersburg five times to attend appointments and spend time with Anna. In between the personal encounters, they stayed in touch over the phone, but ended the regular contact immediately after Svetlana returned with her new-born to Krasnoyarsk. Surprised, given the previous regular contact, I asked her whether occasional contact would not have been an option. Anna vigorously replied "Of course not!" Their contract stipulated that "I was not to disturb [the client mother] after the child's birth." Anna even destroyed her contract copy, containing the client mother's contact information, and deleted her number from her phone "to prevent temptation." By taking the radical step of self-discipline, Anna pursued a strategy of forestalling being put in her place. Instead, within the limits of the given power inequalities, she took as much control as she could over her situation. In the postpartum weeks, she occasionally felt an urge to call Svetlana and inquire about the child's wellbeing. Nurses had removed the child immediately. Anna had only heard the new-born's cry when the nurse carried her out. However, in those moments of curiosity or when the urge to know welled up, she was glad she had been wise enough to forestall acting upon this temptation.

[104] I am not able to provide an exact figure as half of the surrogacy workers in my sample were still pregnant at the time my data collection ended.

[105] Krasnoyarsk is Siberia's third largest city and nestled on the banks of the Yenisei River in the southern Central Siberian Plateau. The distance between St Petersburg and Krasnoyarsk amounts to 4000km.

Surrogacy worker Lyubov had found her client parents by offering her gestation service to a woman whose infertility story she had read on an online forum. She described the relationship and communication with her client parents as neutral and business-like throughout the pregnancy, and her client mother as "not of a chatty nature." The frequent meetings they had before the embryo transfer, ceased with the successful embryo transfer. Once Lyubov was pregnant, the client mother seemed to have lost interest in her. She inquired about Lyubov's state of health, weight gain, the baby's growth and her emotional state or her family matters when they could directly affect the pregnancy. After the initial regular interaction, Lyubov was disappointed at first, but then reminded herself that "I have enough friends [for support when I need it]. Surrogacy – that is work. (…) Communication limited to business matters has its advantages: it won't be so difficult to part later on." After this unexpected turn in the relationship, Lyubov knew not to expect any postpartum interaction. Unlike in the American context, where Berend (2012:926) and Smietana (2017b) describe how surrogate mothers referred with grief to the parting and felt their expectations violated if contact ceased, the majority of surrogacy workers in my sample anticipated the end of contact once the child was born. Moreover, as the representative cases of Anna and Lyubov have shown, they felt prepared for such an outcome. Their intrinsic understanding of surrogacy as a contracted work arrangement and not as an opportunity to create life-long bonds highlights the economic approach to surrogacy in Russia, which is the shaping context within which surrogacy workers' games unfold.

What is more, a novel insight to the current empirical knowledge about surrogacy postpartum relationships is that surrogacy workers in Russia not only anticipated and readily accepted the sudden ending of the relationship with childbirth, they also sought to part on their own terms. As pointed out earlier, surrogacy is expensive and client parents and surrogacy workers find themselves differently positioned on the socio-economic scale. While client parents commonly were at the higher income end, surrogacy workers commonly were at the higher end of the lower part of the social scale. Surrogacy worker Inga poignantly articulated these differences, and her

consequent indifference regarding the relationship, when I asked her whether there were any commonalities between her and Anastasia.

> No, there are scarcely any [commonalities]. We are from different social classes. That is always the case – the *biomamas* and the *surmamas* are different: different age, different upbringing and living in different residential areas. It is like a friendship that does not go beyond the level of an incidental, friendly acquaintance with a next-door neighbour. For the time that we live next to each other, we are friendly and we interact with each other. Then one moves away and the memories fade. We are not kin. Kin would keep in touch even over thousands of miles. However [bio-parents] are like fellow travellers, like someone who accompanies you for a certain distance on a long way. (…) we accompany each other for these nine months. And then we will part and do not meet again.

Besides highlighting the differences between her and Anastasia, she pointed out the temporality of the arrangement and thus the temporality of acquaintance. In chapter five I showed the importance of consanguineous kinship in Russian culture. Inga's account shows that in stark contrast to the US, where surrogacy workers and client parents emphasised their closeness by referring to each other in fictive kinship terms (Berend 2016; Haylett 2015), Inga drew a sharp line between her and the client parents. Far from considering them kin, she ranked them as a nodding acquaintance. Client mother Nadezhda struggled to find terms to describe her relationship to her surrogacy worker Ilya. My question prompted a pensive silence after an easy-flowing interview. Then Nadezhda cautiously began to answer, pausing between each sentence.

> I don't know. But I regard her very highly. I regard her with love. Sometimes I even want to hug her, hug her tightly - but to define who she is for me, I cannot. Your sister is your sister, your aunt is your aunt, that is clear. A friend? I don't know. A good friend. Yes... I don't know. More like… closer to family than to a friend, because we feel each other closely. For real, I feel it when she feels poorly. She says 'you really do feel it' and she feels it, and the little one does. The distance does not matter, the feelings travel. Somehow, like that… But there is no definition, there is no term for it.

Like Inga, also Ilya described her second client parents as distant, "extremely well-off" and with fundamentally different interests. After childbirth, Ilya received a generous

gift on top of her money and from there, their ways parted. Ilya unapologetically added that she preferred this over maintaining contact, because

> besides the pregnancy and the birth, which we planned together, we had nothing in common, nothing else to talk about. (...) To be honest, I was not interested to talk with them about baby stuff – [14 years after having had my own child] I don't even remember what little children need…

Both Inga and Ilya draw attention to the social, economic and cultural divide between them and their client parents to substantiate their argument that an ongoing relationship would be artificial and possibly awkward. They had met in their roles as surrogacy workers and client parents in a contractual arrangement in which both sides had achieved what they desired: one a baby and the other a payment. After that exchange of reproductive and economic capital, there was no necessity or interest to continue a relationship.

Surrogacy worker Anyuta, who shared Inga's and Ilya's approach, expressed her take on it particularly radically. During the pregnancy, Anyuta regarded it as the client parents' right to be in contact with her, and her duty as a 'hired worker' to comply. However, she was adamant that once she had given birth she would terminate any contact. She said "Categorically no! Categorically no further communication. We will part forever." The childbirth marked the turning point of the relationship, and the point when Anyuta felt that she could finally fully (re)claim her agency. After making allowances to accommodate the client parents' wishes for nine months, possibly even beyond the point that she felt comfortable with, by radically cutting ties, she intended to recover full integrity over her life. The temporary accommodations and attuning her life to the client parents' demands had served their purpose: for her to receive full financial compensation. Once collaboration and contact become unnecessary, the strategy changed.

To summarise, the commercial framing of surrogacy and the social stratification between surrogacy workers and client parents incentivised the surrogacy workers in my sample to expect the relationship with their client parents to end after childbirth. Consequently, they were prepared for it, and the definite ending of contact did not impact them negatively, in contrast to surrogate mothers who expected long-lasting

gratitude (Berend 2016). Three surrogacy workers even expressed a preference and two their determination to discontinue contact, but to return to the normality and privacy of their personal lives.

6.5.3 Relationships that continue to (be) work

Not all relationships ended categorically with childbirth. Two surrogacy workers continued providing reproductive labour by providing breast milk, one became a nanny for additional pay, and two women had the prospect of repeating surrogacy for the same client parents. In two cases, surrogacy workers and client parents simply continued to stay in touch. In this section, I focus on those cases, where relationships continued to (be) work.

Surrogacy worker Olya was one of the surrogacy workers paid to breastfeed for the first four days, and to pump breast milk for another three months. Her client father Matvey commented "That was [her] side business. Obviously she didn't do it free of charge." Also Asenka offered to breastfeed and client mother Katarina gladly accepted and generously compensated Asenka for the additional work. As shown in the previous section, Asenka and Katarina forged a cordial relationship during the pregnancy.[106] Knowing that Katarina still had embryos cryo-preserved, Asenka contemplated about the future "If suddenly, who knows, in five years' time she wants another one, and I will be able to carry another one, maybe, I won't refuse a request." Excluding the option of carrying a third pregnancy for new client parents, she was inclined to help Katarina have another child. Ortner's (1997) conceptual framework of serious games offers itself to envisage Olya's and Asenka's ongoing relational work as them being involved in multiple simultaneous, yet non-competitive games. To illustrate with the example of Asenka: as a person who cared about interpersonal relations, Asenka was happy to continue the friendship that developed between her and Katarina. As a surrogacy worker and a mother who wanted to provide best for her own child and who

[106] To emphasise her appreciation of Asenka, Katarina also gifted her a necklace with a special and meaningful pendant – a filigree golden heart sheltering a smaller heart within, attached at the point where the two arches of the outer heart met. "For my heart that you carried underneath yours," Asenka recalled Katarina's words.

was comfortable about capitalising on her reproductive capacities, investing in relational work to secure future work was a separate game. This example shows that examining agency needs "a nuanced understanding of the multiplicity of motivations behind all human actions" (Ahearn 2001:115-116). For Asenka, these 'games' were separate, yet in play at the same time. For the women who sold their breastmilk, the transient relationship period lasted longer until the relationship came to an end.

6.6 Summary of chapter

In this chapter, I have analysed the relationships between surrogacy workers and client parents while paying special attention to surrogacy workers' approach and agency. I have analysed surrogacy workers' relational work when negotiating and maintaining relationships with their client parents. I argue that within the cultural framing of surrogacy as a business arrangement, relational work is seen as one of the surrogacy workers' tasks and thus constitutes part of their surrogacy work. To substantiate my argument, I have drawn on Zelizer's (2012) concept of relational work, which she defines as "the creative effort people make establishing, maintaining, negotiating, transforming, and terminating interpersonal relations" (Zelizer 2012:149). Further I have drawn on Ortner's (1997; 2001; 2006) conceptual framework of 'serious games' that proposes conceptualising individuals as skilful, witty, intelligent and knowledgeable players who play with intention in the 'serious games' of life (Ortner 1997:12). I have complemented Ortner's framework with Näre's (2014) extension of the latter by including more subtle forms of transformation, such as adaptive capacity, receptiveness, and the creation of alternative forms of action within given circumstances, to emphasise the complex and shifting forms of agency that surrogacy workers display (MacLeod 1992; McNay 2000). Following Ortner's (2006:130) argument that individuals are always "involved in, and can never act outside of, the multiplicity of social relations in which they are enmeshed," I have embedded my analysis in Russia's cultural framing of surrogacy as an economic exchange and the prevailing forms of social and biological stratifications between surrogacy workers and

client parents. While surrogacy workers possessed greater reproductive capital, client parents possessed greater economic capital. Therefore, surrogacy workers strategically commodified their reproductive capital in exchange for material gain. With the help of the conceptual frameworks of relational work and 'serious games', I have organized my analysis of surrogacy workers' experiences of their surrogacy relationships as follows. First, I have addressed surrogacy workers' expectations about the relationships prior to entering a surrogacy arrangement, next I explored their moves during the pregnancy and finally, I looked at their intentions and moves postpartum.

Before entering into surrogacy arrangements, surrogacy workers decided on the form of arrangement (agency-mediated or direct) and thus chose their game-field and a given set of rules within which their serious game would play out (Ortner 1997; 2001; 2006). The women's accounts exemplified clearly that the more the women knew about the micro-politics of the arrangement options, the more likely they made their choices strategically. Surrogacy workers who wanted contact with their client parents chose direct arrangements and invested time in the search until they met client parents with whom they felt confident. Surrogacy workers chose agencies when personal contact with their client parents was irrelevant for them or they even rejected it. In my sample, 15 surrogacy workers were in agency arrangements, 18 in direct arrangements and two surrogacy workers had experience in both kinds of arrangements. Yet, without insights over the arrangement distribution by IVF clinics[107] and against the backdrop of no reliable statistics it is impossible to make statements over real figures and the representativeness of my research sample.

Once the arrangement option – the arena for their 'serious games' – had been chosen and the contract with the client parents signed, surrogacy workers began to engage with client parents' expectations and the chosen rules of the game. My analysis has shown that they executed their moves with skill and intention (Ortner 1997, 2001, 2006), strategically alternating between resistance, adaption, reception (Näre 2014) and temporal accommodation. I have grouped my findings in three categories. In the first category, I presented surrogacy arrangements where relationships were intended

[107] Clinics know whether an arrangement is organised directly between surrogacy workers and client parents or via agencies based on who pays for the embryo transfer.

by the surrogacy workers and worked out to their satisfaction. This was the case with two surrogacy workers in my sample of 23. In both cases, the surrogacy workers were able to invest time in searching for client parents who suited their expectations and were lucky to not get disappointed, but to forge cordial and ongoing relationships. The relational work (Zelizer 2005) was not regarded as work but as easing the surrogacy work. More common however were surrogacy arrangements where the contact between surrogacy workers and client parents was limited and their relationship regarded as part of the business arrangement. In such arrangements, the surrogacy workers further regarded the relational work as *work* and their duty. In particular, they regarded it as their duty to engage with their client parents on *their* terms. Within the cultural framing of surrogacy as a business arrangement, client parents regarded themselves as 'employers' and surrogacy workers referred to themselves as 'hired workers' and 'employees'.[108] However, as Ortner (1997) has pointed out, players can be involved in multiple games at the same time. Olesya's case for instance has illustrated that a relationship can be desired and simultaneously be perceived as a duty. Thirdly, I looked at three examples where relationships did not work out. In such cases, surrogacy workers who had not anticipated such a development, adapted to the situation by working on and changing their own emotional responses (Hochschild 1979). In one exceptional case, surrogacy worker Marcella broke the rules of the game and challenged the inherent inequalities by insisting that her client parents no longer contact her.

In a similar vein to the way surrogacy workers maintained that they should attune their expectations and actions to the wishes of the client parents during the pregnancy, they also considered it the client parents' privilege to choose how to relate postpartum and for them to act accordingly. In the majority of cases, this meant that surrogacy workers and client parents parted ways. In addition, surrogacy workers themselves rarely had the intention of staying contact. Instead, they felt disinclined to continue relationships because of the social and economic stratification between themselves and the client

[108] See chapter 4 for my suggestion that though surrogacy workers likened themselves as client parents' and agencies' employees, their legal status and the realities of their working conditions make the term 'independent contractor' more suitable. In this chapter, however, I have adhered to the women's own accounts.

parents. Others, on the other hand, ended the relationship with their client parents to reclaim power over their private lives and personal integrity. In a few cases, relationships between surrogacy workers and client parents continued. Here my data showed that some of these continued to work, because there continued to be work for the surrogacy workers. They were hired as nannies and to provide breast milk, and some had the prospect of being hired as a surrogacy worker again.

My research has shown that by complying with, and often subordinating their actions to their client parents, surrogacy workers acted within and co-created the stratified, hierarchical structure of surrogacy. The majority of surrogacy workers manifested their agency and pursued their goals of earning a big sum of money in the shortest possible time not by resisting the structure within which they played their 'serious games', but by adapting to and temporarily accommodating the imposed rules. More often than changing the rules of the game, they reproduced them.

7 Geographic and geo-political stratifications across Russia's 'reproscapes': Experiences of migrant and commuting surrogacy workers

Advertisements by surrogacy workers on the medical service website 'Meddesk': [109]

Surmama with full relocation. [Blood type] A+. I have analyses!

I live in Khanty-Mansiysk. I can relocate for the entire [surrogacy] programme. Born 1990. Divorced. 1 daughter - 7 years. No Caesarean section. Height 165 cm, weight 53kg. Blood [type] A+. Done all analyses. Compensation 800,000.

Author: Tat'yana

Town: Khanty-Mansiysk

Surrogate mother. I come to any town. Russian.

29 years. Not married. I will relocate for the [embryo transfer] cycle without my child. Remuneration 700,000. I have ultrasound scans and first analyses.

Author: Oksana

Town: Any town!

Surrogate mother for you! I live in Penza. 25 years.

Russian girl. 25 years. I live in Penza. Ready to relocate to Moscow partially, or for the entire pregnancy. Married. Two healthy children. Husband prepared to mind the children during the entire pregnancy. Blood type B+, Height 166cm, 56kg. Fees 650/50/50/15.*

Author: Galina

Town: Penza

* -> 650,000 for pregnancy, 50,000 additional in case of twins, 50,000 additional in case of Caesarean sections, 15,000 monthly

[109] All names are pseudonyms. The advertisements are from 2014/2015 and by time of writing (2017) expired.

This chapter explores Russia's unique 'reproscapes' and the phenomenon of surrogacy workers migrating or commuting for surrogacy arrangements, which differentiates the practise of surrogacy in Russia from the way surrogacy is organized in other parts of the world. It explores why the market in surrogacy in Russia concentrates in Moscow and St Petersburg and how that drives surrogacy workers from other parts of Russia, as well as from its neighbouring countries, to temporarily migrate or commute to these reproductive hubs, leading to geographic and geo-political stratifications among surrogacy workers in Russia.

In order to explore and emphasise the exceptional mobility of surrogacy workers who are non-local to Russia's surrogacy hubs, St Petersburg and Moscow, and their different experiences in comparison to those of local surrogacy workers, I introduce the categories '*migrant surrogacy worker'* and '*commuting surrogacy worker'*. I define a migrant surrogacy worker as a woman who relocates from her hometown to the place where her surrogacy arrangement is implemented and lives there for the entire duration of the surrogacy process, beginning with the hormone treatment in preparation for the embryo transfer and ending with the delivery of the child[110]. I refer to surrogacy workers as commuting surrogacy workers when they continue to reside at home (with their family) for most of the pregnancy, but travel at a minimum for the embryo transfer and delivery, and if required, also regularly during the pregnancy, to wherever the client parents request them to travel.

'Reproscapes' are "a distinct geography traversed by global flows of reproductive actors, technologies, body parts, money, and reproductive imaginaries" (Inhorn 2011:90). By tracing surrogacy workers' trajectories of their reproductive labour and delivery, I draw attention to the inherent geographic and geo-political reproductive stratifications between local, commuting and migrant surrogacy workers, based on their geographic origin and place of residence before, as well as during, the gestation of the surrogacy child. I therefore expand Colen's (1995) theoretical framework of

[110] In local St Petersburg parlance, these women were referred to as '*prieshzhiye'*, 'those who have come here' or '*inogorodniye'*, which translates to 'non-residents' or 'foreigners', contrary to local Piterskiye, derived from the term Piter for St Petersburg, as locals affectionately refer to the city in everyday speech.

stratified reproduction. I further draw again on Bourdieu's (1986) concept of the convertibility of different forms of capital and argue that mobility, which I conceptualise as the ability to travel and the readiness to do so on demand, for migrant and commuting surrogacy workers was a necessary complementary capital, comparable to an initiator in a chemical reaction, which enabled them to convert their reproductive capital into economic capital.

This chapter is based on in-depth interviews, conversations, e-mail correspondence, participant observation with 10 migrant surrogacy workers, 12 commuting surrogacy workers, four client parents and agency staff in St Petersburg, Moscow and Minsk, Belarus. While I was able to travel to Minsk and Moscow myself, I interviewed four of these non-local surrogacy workers over phone or Skype, and one via an online chat. In addition, I have followed surrogacy workers' discussions and exchange of opinions on online fora, and collected advertisements and requests published by surrogacy workers and client parents on the medical website 'Meddesk'.

I organise the chapter as follows. First, I outline out the development of Moscow and St Petersburg as Russia's surrogacy hubs, which triggered the recent 'in-flows' by migrant and commuting surrogacy workers. Next, I analyse migrant and commuting surrogacy workers' different patterns of mobility and how they experienced two kinds of geographic and geo-political stratification. The first matrix of these stratifications concerns agencies' and client parents' selection of surrogacy workers and the way remuneration is paid on a sliding scale, according to the surrogacy worker's origin. The second matrix is migrant and commuting surrogacy workers' geographically stratified experiences of their pregnancies.

7.1 Reproflows in Russia

In this section, I map the "reproflows" (Inhorn 2015:24) triggered by and propelling commercial surrogacy in Russia. Reproflows describe the flows of reproductive actors, technology and substances (Inhorn 2015:24) across distinct reproscapes. I argue that migrant and commuting surrogacy workers join these reproflows as "bio-medically technologically savvy [actors who know] what they are after" (Roberts and Scheper-

Hughes 2011:2). They come from anywhere in Russia and even abroad to Russia's two reproductive hubs Moscow and St Petersburg, or whichever destinations are required of them, to get pregnant and deliver the surrogate child.

Russia's private fertility clinics accumulate in Moscow and St Petersburg. Advantages such as higher salaries, more prosperous career opportunities, and a vibrant cultural life, not least of which being proximity to Europe, motivate highly qualified specialists to leave 'the periphery'.[111] The resulting density and choice of clinics, and their association with qualified specialists, prestige and success, attract client parents from all over Russia. Furthermore, fertility clinics elsewhere in Russia, especially east of the Ural Mountains where the population density rapidly decreases,[112] are widely dispersed, which means that client parents still need to travel considerable distances to consult a clinic. Consequentially, client parents considered Moscow or St Petersburg the best solution. The repro-flow of client parents to Moscow and St Petersburg resulted in a higher demand in donor gametes and surrogacy workers, which in turn led to a surge of commercial agencies providing these services; in response to the increasing demand, agencies have even expanded their recruitment outreach beyond Moscow and St Petersburg. At the same time, women from all over Russia and the neighbouring former Soviet countries, in particular Ukraine, Belarus and Moldova, have become aware of opportunities for reproductive labour in Russia's metropolises, and become 'repropreneurial' (Kroløkke and Pant, 2012) migrants or commuters.

Two kinds of repro-flows have emerged among surrogacy workers. In the case of *migrant surrogacy workers*, as I call them, women's trajectories are predominantly one-dimensional: they 'flow in' to where surrogacy arrangements are taking place, remain there from embryo transfer until birth, 'flow back' after delivery, and occur most commonly in agency-mediated arrangements. In the case of *commuting surrogacy workers,* the women criss-cross Russia, sometimes travelling to multiple

[111] Clearly these specialists do not come from Russia's literal periphery, but from cities of significant size and with respectively large clinics. However, the size of Moscow (15-17 million) and St Petersburg (5 million) and their cosmopolitan flair leads the (new) residents to call their hometowns small – as did my Russian housemates in St Petersburg, for whom Tolyatti (800.000) and Omsk (1.2 million) counted as 'small'.

[112] The Siberian and Far Eastern federal districts occupy 66% of the country's territory, yet only 18% of the Russian population lives there (Gorshkova and Klochkov 2011:611).

destinations over the course of the pregnancy (see appendix 10). Commuting arrangements demand a constant disposition for mobility and are more common in direct arrangements. Depending on their place of residence and their client parents' demands, commuting surrogacy workers travel for the initial medical examinations, to meet potential client parents, to come to a mutual agreement and sign the contract; and subsequently for the embryo transfer, ultrasound appointments, and finally for the birth.[113] Surrogacy workers uploaded advertisements to 'Meddesk' and other websites on a daily basis. They illustrate that migration and long-distance commuting for women who did not live in Russia's surrogacy hubs were not exceptional, but both necessary and common practices in Russia. This mobility can be seen as a form of capital that added to surrogacy workers' reproductive capital (see chapter 6) and compensated for not living in the hubs. The more surrogacy workers presented themselves as flexible, the higher were their chances of finding a (quick) match. The notice client parents Sergey and Vera uploaded on Meddesk illustrates the demand for such commuting arrangements.

Searching for sur.mama

We are looking for our surmama. Age limit 34 years, positive rhesus factor. Embryo transfer in Moscow. Contract. Waiting for your offer. Provide payment expectations at first contact.

Author: Vera

Town: Vladivostok

The couple lived in Vladivostok, yet preferred to consult fertility experts in Moscow. In a personal email exchange, they elaborated that they were indifferent about their surrogacy worker's place of residence as long as she was willing to travel to Moscow for the preparation, the embryo transfer and at least three of the control

[113] A close reading of the multiple offers on the Russian medical service website Meddesk by surrogacy workers, who indicated their readiness to travel in their advertisement, showed four distinct trends. (1) A clear disposition to relocate to wherever client parents want their surrogacy worker to live (without bringing their own children). (2) The offer to relocate under the condition of bringing their own child/ren or entire family. (3) Offers that implied they would live at home during the pregnancy, but commute to all required appointments and relocate to where the client parents requested the birth to take place. (4) Offers for arrangements with client parents only within close proximity of their home.

appointments. During the pregnancy, she would be expected to live at home, and for the birth relocate to Moscow, or Vladivostok. This had not been decided yet.

Further, the focus of this chapter necessitates familiarising the reader with the dimensions of surrogacy workers' travel, and more importantly, with their perception of distance. Russia, the largest country in the world, covers nine time zones. The famous 'Trans-Siberian Express' leaves from Moscow for Vladivostok daily, taking 144 hours (about six days) to cover the 9289km. Given the size of Russia and the population's familiarity with long distance commuting for employment (Saxinger et al. 2014; Saxinger 2015), their perception of distance differs from that of Europeans.

Soon I had adopted a similar attitude. Towards the end of my fieldwork I too referred to a 40-hour train journey from Moscow to Omsk as "just two nights and a day."[114]

In this section, I have given a brief insight into Russia's 'repro-flows'. Fertility clinics and agencies cluster in Moscow and St Petersburg, and client parents, agencies and surrogacy workers have followed. Surrogacy workers do so either as temporary migrants, most commonly working with surrogacy agencies that provide accommodation, or as commuting surrogacy workers in direct arrangements. In such cases, they continue living at home, with their families, and travel to treatment appointments as their client parents require.

7.2 Coining the terms: geographic and geo-political stratifications

In this section, I introduce the analytical categories of *geographic* and *geo-political stratification* as dimensions of surrogacy workers' experiences of stratified reproduction and show how they apply when surrogacy workers are chosen, evaluated and categorised by commercial surrogacy agencies and client parents based on judgements about their geographic origin and place of residence during the pregnancy. Commercial surrogacy appears to be a viable and promising temporary employment option, a gendered niche in the labour market for any woman who satisfies the criteria stipulated by Medical Order No 107. In particular, the opportunity to commute to

[114] See appendix 11 for images of how I and surrogacy workers travelled across Russia by train.

attend surrogacy appointments, or to temporarily migrate to St Petersburg (or Moscow) and live in provided accommodation, has made surrogacy an employment option for women outside of Russia's reproductive hubs, and demand for their services is increasing. However, a closer look into Russia's markets in commercial surrogacy reveals distinct forms of *geographic* and *geo-political stratification*s.

The analytical framework of stratified reproduction (Colen 1995), "describes the power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered" (Davis-Floyd 1997:399). I expand Colen's analytical framework by arguing that surrogacy workers are geographically and geo-politically stratified, first when the bodies of some surrogacy workers are more desired and valued for their reproductive capacity than others, and second, when surrogacy workers face different conditions during the arrangements, depending on the geographic location of their residence (either before or during their surrogacy pregnancy) and their citizenship. This stratification becomes evident in agencies' and client parents' choices of who to employ and how much to reimburse the respective surrogacy workers, as well as in surrogacy workers' experiences of the pregnancy.

In the following sections I demonstrate how surrogacy workers' bodies and their attributed reproductive value were ranked according to their place of residence, the locality's environment and the overall mode and living conditions in their respective locations (before becoming surrogacy workers). I go on to show how this affects agencies' and client parents' choices and surrogacy workers' reimbursement. When surrogacy workers' places of residence are outside the borders of the Russian nation state, a geo-political layer of stratification is added to the geographic stratification, as non-Russian citizenship translates into stratified access to medical insurance, residence and work permits in Russia.

7.3 Geographically and geo-politically stratified schemes of selecting and remunerating of surrogacy workers

In this section I address the first matrix of geographic and geo-political stratifications: geographic and geo-political stratification on the basis of women's geographic origin or location during pregnancy. I describe the pivotal role it played in agencies' and client parents' choice of whom to employ and how to reimburse in comparison to local surrogacy workers.

7.3.1 Selection of provincial or rural origin of surrogacy workers

Beside surrogacy workers coming to St Petersburg on their own initiative in search of surrogacy arrangements, larger surrogacy agencies also strategically targeted certain regions in Russia with advertising and recruitment campaigns, in order to meet the demand of increasing numbers of client parents.[115] In an excerpt of a conversation with Sveta from 'Mobile Surrogacy', an agency based in Moscow with a branch in St Petersburg, she elaborated on her agency's reasons for targeting recruitment at Siberia:

> Central Russia – that means rural poverty [*bednoe naselenie*] and an excellent environment. And that means that [the women] are healthy, yet with a minimum of needs and demands. [Women] in Moscow want a lot of money [for their surrogacy services] and their health is poor. Therefore, the majority of the girls who we offer [to our clients] come from Central Russia - fresh air, mountains, forests… they grow up on their own fresh and nutritious diet. They are healthy. (…) We invite them to live [in Moscow or St Petersburg during their pregnancies] because here the medical supervision is better. But, in general, coming from such environments, their health is good.

'Mobile Surrogacy's approach was representative of other agencies' recruitment from beyond St Petersburg, Moscow and their immediate surroundings. Her quotation shows that the strategic intention of agencies when hiring surrogacy workers from the provinces was to produce the best possible outcome, namely to have the healthiest

[115] Smaller agencies explained that the additional tasks of managing accommodation are beyond their current scope.

body undergoing the best treatment to achieve the best results. During our conversation in a fashionable central gallery café, Sveta explained further that in her experience, *Muscovites* and *Piterskiye devotchki* [girls] demanded higher compensation because of the high living cost in Russia's metropolises, but in her opinion, the local urban women's reproductive capital was poor value for money. Generalising as she compared rural and urban dwellers, she rated the latter's mental and reproductive health as strained from the stressful metropolitan lifestyle, often working multiple jobs, living in cramped or overcrowded accommodation, coping with daily noise and exhaust pollution and eating a poor diet due to relying on food from supermarkets (see also the comment by Dr Nikolai, chapter 5). Hence, she preferred "the village girls", whom she credited with outstanding heath and sturdiness, and whose diet she romanticised as fresh and healthy food, because it is home-grown. Such subsistence farming, which is common in poverty-stricken areas of Russia, is not limited to the rural population, but has become a necessity for many residents of provincial towns and cities, who "lack sufficient purchasing power to afford a minimally healthy diet" (Liefert 2004:35; see also Humphrey 2002). Especially after the US-imposed sanctions on Russia in 2014, and the Russian government's response of boycotting US and European food products, rural as well as town dwellers were hit hard by rising food prices and the decreasing availability of products (Ivolga 2016:206; Sümer 2015). Many agencies in my sample concurred in differentiating migrant and commuting surrogacy workers from the provinces from the local urban women. The 'village girls', as agencies referred to them, were described as being less pampered and spoiled than the 'city girls', and as the belittling choice of language equally reveals, they were considered naïve and less educated. They were spoken of as "created to give birth" and as 'made of a substance' that enabled them to "give birth in the field or in the forest" – as Eliza, owner of 'Happy Baby', once summarized (Weis 2013).

Analysing the practice of commercial surrogacy in India, Pande (2014:82) argued that "naturalisation of skills effectively *cheapens* women's labour" (see also Colen 1986:54). The same trend can be seen in Russia. As the quotations above have shown, 'village girls' were deemed to be healthier, more resilient and less pretentious. This, along

with the assumption that the previous births of their own children had taken place without access to cutting edge technology, possibly even without medical assistance, made them more valuable to the agency. Yet in conversation with the women, agencies undermined their skills of managing the risks and pain during delivery by describing these qualities as natural and thus beneath notice. Furthermore, the agency instructed them that all they had to do was to be pregnant, hence 'not work', whereas all the 'skilled labour' – their fertilisation, their (medical) supervision and the medical assisted delivery – was performed by trained experts. Such devaluing of surrogacy workers' efforts and skills, and thus cheapening of surrogacy workers' labour (Pande 2014) was applied particularly to women with rural or provincial background, which accounts for their geographic stratification.

7.3.2 Graduated reimbursement schemes of local, migrant and commuting surrogacy workers

Surrogacy workers' reimbursement after childbirth was also linked with their place of origin, expanding the scope of geographic stratification. Agencies implemented a stratified remuneration scheme, scaled according to surrogacy workers' origin. The Moscow-based agency 'Creating Families' offered 700,000₽ [£7,896] to women from Moscow and surroundings, 650,000₽ [£7,332] to women with officially registered residence in other parts of Russia, and finally, 500,000₽ [£5,640] to women from other former Soviet states. Alexander, manager of 'Promise' in St Petersburg, stated: "Naturally, the payment for *Piterskiye* is the full payment. If they come from other cities, the payment decreases, and if they are living with their children, they 'step down further'." The scaling of his payment scheme resulted in 800,000₽ [£9,020] for local surrogacy workers, 700,000₽ [£7,896] for non-local, and 650,000₽ [£7,332] when providing accommodation to a surrogacy worker with a cohabiting child. Agencies argued that employing migrant surrogacy workers incurred the agency with additional costs for tickets and accommodation. For non-Russian citizens, compensation was diminished further; this was justified by agencies providing these women with the accommodation and a work permit. However, agency staff also justified their

geographically scaled compensation rates by explaining that life in Russia's provinces was less expensive than in the metropolises, and that a lower compensation was still more than they could earn there.

It is important to point out that while agencies foregrounded their increased costs when working with non-local surrogacy workers, which these migrant surrogacy workers had to accommodate by receiving a lower final payment, the rates which client parents were charged suggest agencies made substantial profits. To illustrate, 'Happy Baby' charged client parents 2,100,000₽ [£23,688], regardless of where their surrogacy worker came from, while paying 750,000₽ [£8,460] to local and 700,000₽ [£7,896] to migrant surrogacy workers. 'Promise' charged clients 2,100,000-3,500,000₽ [£23,688-39,480] while paying 800,000₽ [£9,020] to local and 700,000₽ [£7,896] to non-local surrogacy workers. Furthermore, some client parents requested close supervision of their surrogacy worker, and evidence thereof in the form of weekly reports on her state of health and the pregnancy's development. These requests could best be met by migrant surrogacy workers who were placed in agency-provided accommodation. Hence, employing non-local surrogacy workers was necessary to cater to the customers and was financially advantageous for the agencies. The cost of travel for migrant surrogacy workers is minuscule in comparison to the price the clients pay.[116]

Furthermore, sourcing surrogacy workers from the provinces also served as a promotion strategy. The following online advertisement by 'Wonderchild' illustrates this:

> Our company has a large database of reliable Surrogate Mothers and Egg/Sperm Donors who have been previously checked up [sic] to satisfy the current Russian regulations on surrogacy. All our Surrogate Mothers and Donors have their own children and live in an environmentally friendly region close to the Baltic Sea. (*English in the original*)

The reference 'environmentally friendly' and the Baltic Sea were intended to evoke associations with healthy women to make the St. Petersburg-based agency more attractive.

[116] Tickets from St Petersburg to Saratov (1500km) can be bought for 1500₽ (~£20) and to Tolyatti (1700km) for 2000₽ (~£28).

Finally, it was not only agencies that scaled their payment according to women's origin. Comparing surrogacy workers' online advertisements has shown that surrogacy workers themselves scaled their demands for final remuneration. Women in Moscow and St Petersburg demanded on average a minimum of 800,000₽ [£9,020], but often 1,000,000₽ [£11,280] and more, whereas women from provincial towns who knew that if they were to be selected by client parents, travel would be necessary, set their demand for final compensation as low as 500,000₽ [£5,640].[117]

7.3.3 Geo-political stratification: the additional hurdle of national borders

For surrogacy workers from member states of the Commonwealth of Independent States (CIS)[118], a geo-political stratification added to the geographic stratifications they shared with their Russian colleagues. CIS citizens can enter Russia visa-free and can legally stay for three months. After three months, they either need to leave the country, and return and repeat the immigration procedure, or if they want to extend their stay, and reside and work legally in Russia for more than three months, they need to obtain a work permit [*patent na rabotu*]. Those who fail to comply with these regulations, or whose paperwork is delayed, are automatically criminalised (Pachenkov 2010), and can be deported and banned from re-entry. Surrogacy agencies who hired surrogacy workers from the CIS could obtain these permits for them, even though surrogacy is not recognised as official labour.[119] These bureaucratic obligations were necessary for surrogacy workers with Moldovan, Ukrainian, Uzbek, Kyrgyz and Tajik citizenship and led to a geo-political stratification, as agencies preferred surrogacy workers who required less administrative effort. Surrogacy worker Gabriela from the

[117] As explained in chapter 5, client parents in direct arrangements were expected to pay for their surrogacy workers' expenses, such as travel and accommodation costs. The common practise was that client parents chose the routes, locations and tickets, and managed the costs themselves.

[118] The Commonwealth of Independent States (CIS) is a regional organization formed during the breakup of the Soviet Union.

[119] The money surrogacy workers receive from their agencies is classified as compensation, not a salary. According to the agency 'Happy Baby', surrogacy workers who receive their work permit through an agency are not permitted additional employment. If they did obtain it, the sponsoring agency would be fined. Although I have been given this information by agencies, I have not been able to find out under what category or job title they obtain the work permit for their surrogacy workers.

Republic of Moldova felt this impact in a most humiliating way. A fluent Russian speaker and temporary, working resident (with a self-funded work permit) at the time she applied to become a surrogacy worker with 'Conceive', at first she did not mention her citizenship. Yet when she revealed her Moldovan citizenship, she was told "for your kind we offer 600,000₽ [£6,768]" instead of the standard payment for local women of 800,000 Roubles.

In the summer of 2014, armed conflicts flared up in southern and eastern Ukraine (Katchanovski, 2016), and travelling to Russia to become a surrogacy worker became a (temporary) migration strategy that enabled women to leave the conflict zone (see also Siegl 2015). Conversations with agency staff, surrogacy workers, client parents and doctors confirmed my personal observations that the number of online advertisements posted by Ukrainian women increased. However, with the rising political tensions between the Ukrainian and Russian government, client parents and agencies in Russia grew more cautious and reluctant to employ Ukrainian women.

> We are avoiding the Ukraine. I discussed [the matter] with our lawyer, what to do with [the applications from Ukrainian women] (…) and he said 'you have surrogate mothers from Russia? Work with them right now, and (…) when the border conflict settles, we will work with them as usual'. [Alexander, manager of 'Promise']

Client parents also agreed that employing surrogacy workers from a war zone was too risky. They worried that a surrogacy worker's emotional turmoil could have negative effects on the pregnancy. Client parents neither wanted them to stay in the conflict zone, nor did they want to insist that they stay in Russia when bad news, such as casualties or her home having been bombed or burnt down, might drive her to rush home – whilst pregnant with their baby. Client mother Nadezhda named her worst-case scenario a sudden border closure on the part of Russia and her non-Russian surrogacy worker and (in utero) baby on the other side. Consequently, she turned offers from women resident outside of Russia.

> I immediately said 'no' [to the offer from Latvia], because it's scary, because then [at the time of offer] we just started [the conflict] with the Ukraine and all the events. There are these sanctions, and, in a way, knowing the relationship with the Balts since the Soviet days are somehow strained, I was afraid of all these political aspects.

Responding to the uncertainties over diplomatic relationships between Russia and the country's neighbours, agencies and client parents increasingly avoided, in particular, Ukrainian surrogacy workers, who in turn lowered their financial expectations, leading to further stratification.

Surrogacy is also legally practised in Belarus, where, due to the inflation of the Belarusian Rouble, surrogacy workers received their payment in US Dollars. In view of the inflation of the Russian Rouble (see chapter 4) and thus the better value of Belarusian arrangements in dollars, I was struck by the sight of Belarusian women coming to Russia for surrogacy arrangements. Inquiries into the regulation of surrogacy in Belarus yielded answers. The Belarusian law only allows married women to become surrogacy workers; consequently, Russia is a destination country for single and divorced women (Law of the Republic of Belarus on Assisted Reproductive Technologies of January 7, 2012, No. 341-3). In addition, the demand by client parents in Belarus (despite the more favourable conditions for client parents of legally being the child's parents from birth onwards without additional paperwork) is significantly lower than in Russia. Belarusian intending surrogacy workers therefore offer their services in Russia, where the demand is higher. Single, divorced or married Belarusian women accepted that they had to compromise between the prospect of better earnings and the likelihood of being chosen as a surrogate more quickly, and earning money sooner. This describes the way women are caught in the intersection between discriminatory national legislation and geo-political stratification.

Yet another manifestation of geo-political stratification can be found among surrogacy workers from the Central Asian republics. Ethnic profiling to single out suspected illegal immigrants is a common practice among the Russian police (Adjami 2006; Light 2010); Central Asians with distinguishable black hair, darker skin, distinct eyelids and higher cheek bones are predominantly targeted for document controls.[120] The greater scrutiny that this group is under means that minor infractions with work permits are more likely to be discovered. This was the case with client mother Yana's Uzbek

[120] I observed this on a daily basis at the Metro station Moskovskaya, the first metro station on the line to St Petersburg from the airport. Police patrol from opening until closing to check the luggage and documents of anybody who looks non-Slavic to them.

surrogacy worker Dilshoda. The embryo transfer was already scheduled and Dilshoda was taking the preparatory hormones when Yana received the bad news. She recalled: "Dilshoda called. She said 'the cops got me'. Something was wrong with her work permit[121] and they deported her immediately." While Dilshoda indeed had faulty papers, incidents like hers had negative consequences for non-Russian surrogacy workers, and for Central Asian women in particular. Their 'non-Slavic' identity and the client parents' negative associations with the latter caused further aversion; this will be discussed in the following chapter.

To summarise, surrogacy workers experienced geographic and geo-political stratification when it came to agencies' and client parents' choice of appropriate and desired candidate. The recruitment behaviours of commercial agencies in Russia's surrogacy hubs showed both a need and a preference for recruiting women from Russia's provinces over local, urban women. The need stemmed from being unable to find enough local surrogacy workers, whereas the preference was grounded in their judgements about 'village girls' making better candidates. In addition, the 'village girls' were expected to be less demanding and accept lower compensation. Agencies justified the scaled payment with the argument that migrant surrogacy workers incurred additional costs to the agency and required less money as provincial life was cheaper. This stratification had become so normalised that surrogacy workers from outside St Petersburg or Moscow, on their own initiative, lowered their financial expectations to compete in the market for reproductive labour. In this section, I have shown that intending surrogacy workers with non-Russian citizenship experienced various geo-political stratifications additional to the geographic stratification of not residing in St Petersburg or Moscow.

[121] Entering a direct arrangement, it would have been Yana's responsibility to make sure that Dilshoda's papers were in order. However, Moldovan surrogacy worker Gabriela encountered that even agencies seemed to overlook this aspect. She recalled: "The agency didn't check or verify these papers. I was surprised! I could have been without papers and the agencies would not have cared. What if my papers were not ok, and I was to leave?"

7.4 Migrant and commuting surrogacy workers' geographically-stratified experiences of their commissioned pregnancies

After sketching out the reproductive flows in Russia and describing the way geographic and geo-political stratification manifested during the recruitment of surrogacy workers, I now turn my focus to the second matrix of geographic and geo-political stratifications, by looking at migrant and commuting surrogacy workers' experiences of their pregnancies with regard to their migration and commuting variables. By comparing the experiences of both differently situated migrant surrogacy workers and local surrogacy workers who spent their surrogacy arrangements in St Petersburg, and by following the women's surrogacy journeys from (multiple) embryo transfers, through to pregnancy and delivery, I show how the treatment and experiences of migrant and commuting surrogacy workers exhibited various forms of geographic and geo-political stratification.

7.4.1 On call for the embryo transfer: the costs and capital of mobility

In this first section, I look at commuting and migrant surrogacy workers' experience of mobility, from the preparation for their surrogacy pregnancies until the moment of their pregnancy test after the embryo transfer. I show how this mobility was more than just the quality or state of being mobile but also the readiness to be prepared for the required mobility, and in that respect, mobility was a form of convertible capital (Bourdieu 1986) that came with costs and tolls on the mobile surrogacy workers.

Applying Bourdieu's (1986) concept of convertible forms of capital helps to illustrate the significance mobility played in finding surrogacy arrangements. Intending surrogacy workers in rural or provincial areas were the most likely to have to either commute or migrate in order to strike an arrangement. That means, in order to convert their reproductive capital into economic capital (see chapter 6), they also needed mobility, that is, the ability to travel and the readiness to do so on demand.

7.4.1.1 Preparing for the embryo transfer

For the majority of intending surrogacy workers, the internet was the first point of contact and connection to surrogacy opportunities and their disposition for travel a necessary precondition. When contacting an agency, they first were instructed to fill in a general electronic application form. Women who made it into the next round were requested to undergo a medical examination, consisting of all tests listed in Medical Order No. 107. For this, the St Petersburg-based agencies either requested their potential candidates to travel to St Petersburg (at the expense of the agency) or instructed them to undertake the medical examination at home and inform the agencies of the results. If the results were satisfactory, the surrogacy workers were accepted, signed a contract with the agency and were entered into their database. Whether a surrogacy worker was requested to travel to St Petersburg for the medical examination, or requested to seek a practitioner closer to her home and provide the results, depended on how the agency evaluated the distance and costs, and what the agency regarded as most economic and feasible in each case. Likewise, it depended on the agency's cost evaluation, whether a migrant surrogacy worker who came for the initial checks stayed for the embryo transfer, or returned to spend the time waiting for appointment at home. Finally, once the embryo transfer was scheduled, they had to relocate to St Petersburg and, if pregnant, they remained there.

Migrant surrogacy worker Alexandra's experience illustrates this process. After she had filled out the online form, Alexandra was selected as suitable to proceed to having the medical examinations and asked to travel approximately 40 hours by train from her small town close to the Kazakh border to Moscow. There, her agency 'Happy Baby' had a branch office and an associated doctor approved her candidature. Alexandra then signed her contract and entered the agency's database. Returning home after that initial visit, she proudly showed her contract to her husband. "See what that piece of paper means? When they call, I have to go!" She explained the agency's instruction: to take the hormones and to travel to Moscow for the embryo when they schedule her; failure to respond unconditionally to these demands would mean a breach of contract with the penalty of having to reimburse all the costs the agency had incurred. The

following weeks were a period of waiting and tentative preparedness, without receiving any indication when it was time to go. This approach, as it was commonly implemented by agencies, meant that agencies reduced their travel expenses and accommodation costs at the expense of both migrant surrogacy workers and client parents. For migrant surrogacy workers, this procedure meant that they had no say on the timing, were on constant call and expected to respond without compromise once instructions came, which in comparison to local surrogacy workers, stratified their experience.

At the potential cost of client parents, this procedure also meant that agencies had no control over whether medication was taken appropriately and the surrogacy worker's reproductive system optimally prepared for the procedure they would undertake upon arrival. In addition, when agencies approved non-local intending surrogacy workers based solely on the medical examination results and questionnaire, they and the client parents consequentially had no idea whether the candidate was psychologically ready and aware of her upcoming responsibilities. Local surrogacy workers were called to regular endometrium check-ups during the preparation period, to see whether the treatment had the desired effect and the endometrium thickened to the endocrinologists' satisfaction. When I accompanied Oksana to her weekly preparation appointments, her doctor inquired about her medication intake at each appointment and adapted the dosage according to her progress.

In direct and commuting arrangements, surrogacy workers and intending parents usually made first contact online. For a first meeting in person, which commonly combined the personal acquaintance with an appointment at the client parents' fertility doctor for approval, surrogacy workers were expected to have the results of all medical examinations at hand. Once approved, a contract was signed and the embryo transfer was scheduled; until then, non-local surrogacy workers returned home. As with migrant surrogacy workers in agency arrangements, commuting surrogacy workers' appointments and journeys in direct arrangements were scheduled to suit the client parents. Yet, while direct arrangements were more personal and could give more leeway to negotiate compromises for surrogacy workers, client parents' more

favourable position of being able to choose from available candidates simultaneously put commuting surrogacy workers at a higher risk of being taken advantage of. *C*ommuting surrogacy worker Ilya's experience exemplifies how client parents' higher socio-economic status, and their general attitude of being employers hiring someone to do a job (see chapter 6), led to her being exploited through inexperience. Recalling her preparation for the first of three direct arrangements, Ilya said:

> There were these people – I came to Moscow for them. I came with all the analyses done, I had paid for them out of my pocket, and came at my own expense, and they, as it turned out, only wanted to sit in a café with me, to meet me. They didn't even introduce me to their doctor. (…) I was without any experience then. They told me to come, and I dropped everything. I took unpaid leave from work, and came!

Unlike Ilya, these client parents were in no hurry to find a surrogacy worker, and even presumed that they had the right to not notify their candidates that they were merely viewing and comparing. Through this experience, Ilya learnt to make sure that potential client parents had also scheduled a doctor's appointment and declined meetings if they had not. Consulting other surrogacy workers online, she learnt that it was common practice for client parents to reimburse their potential surrogacy workers' travel expenses. Yet, often client parents wanted to make sure that the woman for whom they paid the ticket was not an imposter who disappeared upon arrival, having 'freeloaded' a ticket to St Petersburg, and therefore asked the surrogacy worker to pay in advance and be reimbursed later. Yet for intending commuting surrogacy workers, the ticket costs often meant a financial strain and they were not convinced that their potential client parents would really reimburse them, especially when they decided not to sign a contract. While both sides, client parents and surrogacy workers, manoeuvred in a state of uncertainty, the situation was more distressing and aggravating for the surrogacy workers because of the social stratification between them and client parents. Again, in comparison to local surrogacy workers, commuters experienced additional geographic stratification based on their need to travel and the inevitable risks and costs involved.

7.4.1.2 The embryo transfer(s)

After a few weeks of waiting, the call to begin preparing for her first embryo transfer came at last for Alexandra. The agency sent her instructions to take oestrogen to prepare her endometrium and a train ticket to Moscow. When Alexandra's train arrived at Moscow's *Paveletskaya* station after the multiple-day train journey, she was met by a 'Happy Baby' representative. However, much to her surprise, and contrary to all expectations and previous communication with her agency, the representative neither took her to her accommodation nor a clinic, but to Moscow's *Oktyabrskaya* train station. Here she handed Alexandra her ticket for the next overnight train to St Petersburg, informing her tersely that "plans have changed" and client parents expected Alexandra in St Petersburg, instead of in Moscow. Arriving in St Petersburg the next morning after another night on the train, the next agency representative chauffeured Alexandra directly to a clinic for her embryo transfer. Alexandra felt disoriented and confused about the incident and unexpected relocation. Yet what distressed her most was not having been given an opportunity to shower after three consecutive overnight journeys before receiving the embryo transfer.

Kira from southern Ukraine also worked with 'Happy Baby' and like Alexandra, was initially called to Moscow for the embryo transfer. Ten days later, when her pregnancy test showed a positive result, her agency notified her that she was now going to live in St Petersburg. Kira was surprised. She had not even been aware of the St Petersburg branch, and like Alexandra, she was neither given a choice nor explanation for her relocation. Only later, once living with other migrant surrogacy workers in 'Happy Baby's accommodation in St Petersburg, did she understand that it was common not to know the client parents (see chapter 6). Her client parents were Muscovites, who had no intention of meeting her, and for 'Happy Baby' it was cheaper and more convenient to accommodate her in St Petersburg.

While Kira and Alexandra got pregnant on their first attempt, migrant surrogacy worker Diana's first embryo transfer failed.

> When I arrived [in St Petersburg], I thought [the embryo transfer] would succeed at the first attempt. But it didn't… [even though] my body was in the best of health. I was sent back. The agency didn't want me anymore (…). They said 'a second time we won't vex the [client] parents'.

Diana was sent back to Vologda. But, like all 'Happy Baby' surrogacy workers, Diana had signed a contract for three embryo transfers. Sending her home between attempts had nothing to do with her failure to conceive, as IVF attempts never have a 100% success rate, but the train ticket to Vologda was simply cheaper than providing accommodation and subsistence until the next embryo transfer. While some women welcomed being sent home to be with their families again, it meant considerable stress for others: what to tell their employer in St Petersburg, if they had managed to find employment on the side? What to say at home about their sudden return? Yet most of all, how to deal with and explain the impending, yet unpredictable next departure? Such questions were not part of agencies' considerations. Diana returned a few weeks later and this time got pregnant. Her housemate Masha, also from Vologda[122], had less luck. Though her first embryo transfer (two embryos) succeeded and the ultrasound in the 4th week even showed that one embryo had split and Masha carried triplets, the monozygotic twin soon died, and the third embryo died in the 9th week. The doctor performed an abortion and the agency sent Masha home to recover for three months. She then returned for a second and third. Both failed. Between these attempts, she had to stay in St Petersburg. After the third attempt and to her and all housemates' surprise, the agency even offered her a fourth and fifth attempt. These too failed.

To summarise, for women who could not find or did not want to enter arrangements in their home town, mobility – the readiness to travel and the ability to do so on demand – was the essential pre-requisite. Once contracts between surrogacy workers and agency or client parents were signed, their movements and mobility were no longer at their own discretion, but under the scrutiny and control of the employing party. Mobility had become a form of capital (Bourdieu 1986) that was necessary for

[122] Both women were shocked to find out that they came from the same town, as both of them had planned to keep their surrogacy pregnancy a complete secret.

women from less desirable locations. Without having a disposition for commuting or temporary migration, they were not able to convert their reproductive capital into economic capital. In addition to the uncertainties over the success of the embryo transfer, shared by all surrogacy workers, migrant and commuting surrogacy workers experienced additional uncertainties about their residence and the mobility demanded from them. Thus, the further layers of uncertainties experienced by migrant and commuting surrogacy workers, which did not apply for local surrogacy workers, attested to the geographic stratifications of this population on the move.

7.4.2 Experiences during pregnancy: mobilised and immobilised 'carriers'

The previous section on commuting and migrant surrogacy workers' experiences during the embryo transfer has shown how both groups had to be ready to travel upon request. In contrast to local surrogacy workers, commuting and migrant surrogacy workers experienced significant mobility in the beginning of their surrogacy journey.
In this section, I focus on these women's experiences of pregnancy, and show how migrant and commuters experienced their arrangements differently. Once pregnant, migrant surrogacy workers entered a phase of imposed inertia, whereas commuting surrogacy workers continued to travel, not uncommonly over large distances.

7.4.2.1 Migrant surrogacy workers in agency arrangements: nine months of inertia

Agencies' rule of conduct regarding surrogacy workers' mobility during the pregnancy was simple: once pregnant, surrogacy workers do not travel. This mandated period of inertia and imposed immobility was not unexpected and is clearly outlined in surrogacy contracts, and affected all agency surrogacy workers equally. The main reason for this policy was that agencies sold close monitoring of their surrogacy workers as one of their main services to their client parents. Further, agencies wanted to exclude the risks associated with travelling, such as accidents or missing appointments. Moldovan and Ukrainian women in particular were not allowed to leave Russia once pregnant, as

agencies and client parents feared a sudden border closure because of the armed conflict in the Ukraine (Katchanovski 2016), adding a layer of geo-political stratification. In the following sub-sections I illustrate what these practices meant for migrant surrogacy workers.

7.4.2.1.1 Isolation and (self-)imposed immobility

Restricted mobility affected all agency surrogacy workers alike. Yet, while local surrogacy workers continued to live with their families and in their familiar social surroundings, and often continued to work, the mobility restrictions isolated migrant surrogacy workers from their families. When I asked agency manager Veronica whether migrant surrogacy workers get to see their children during the pregnancy, she replied "Of course, of course. They talk on the phone, over Skype. Every day." "But not *in person*" I ensured that I understood her right. "No, not in person. Of course not. [Surrogate mothers] don't travel."

Moreover, agencies restricted migrant surrogacy workers from receiving visitors. 'Happy Baby' for instance only permitted migrant surrogacy workers visits from their children if accompanied by a female relative. Such visits were restricted to once or maximum twice per pregnancy, and not to exceed a week. Migrant surrogacy workers' husbands and partners were not permitted to visit at all. Staff member Ala explained:

> The husband mustn't visit. There are five [women] living together! Bringing in a man cannot be considered correct. (…) – and beside that, we prohibit sexual intercourse in general. If a man came, I suppose it would be hard to keep oneself away from him.

In addition to restricted visits, I observed that women from provincial towns in particular experienced the relocation into the unfamiliar metropolitan surroundings as overwhelming and intimidating. They preferred not to venture anywhere besides the (guided) routes to the clinics and supermarkets. A conversation with Vitali, the driver for 'Happy Baby', confirmed my impressions. In a disparaging manner, he explained:

> [All day long] they rest and they sleep (…) [and] when their pregnancy is over and I drive them to the airport and ask them what they have seen and what they will

> be able to tell their folks back home about St Petersburg… nothing. (…) Most of them don't even know *what* to see there. I have told them many times not to sit and wait until the pregnancy is over but to go out – but it is useless.

In his opinion – an opinion other staff members shared and did not hesitate to express - the majority of (migrant) surrogacy workers were under-educated, lethargic, lacked interest in culture and therefore spent their days in idleness and with watching TV. What went unnoticed and unacknowledged by the agency staff was the crucial and cruel factor of financial precarity that compelled some migrant surrogacy workers to not only pay their food and toiletries with their monthly 15.000–20.000₽ [£170-226], but also provide for their children and families at home.[123] All unnecessary spending had to be curbed and movement and diet carefully economised. Because of their (self-)imposed constraints, migrant surrogacy workers spent the majority of their time at home. In response to my questions about what they did all day long, migrant surrogacy worker Mila replied, with a hint of irony, "we suffer [*stradaem*]." With that response, she referred firstly to the pregnancies and the physical effort of coping with morning sickness, back pains, swollen feet and other discomforts that pregnancies can cause, which deter excessive movement. Yet secondly, she also hinted at the implicit gendered meaning of the word '*stradat*" which is often used to discredit women's reproductive labour (Glenn 1992) as insignificant, yet complained about by the women who do the unpaid work. Sequestered to idleness, without family obligations, jobs and household chores to manage as during previous pregnancies, their surrogacy pregnancies appeared to be a breeze. By mock-calling their experiences suffering [*stradanie*], she discredited their work as surrogacy workers. However, the third nuance attached to *stradanie* acknowledges these very plights of idleness, temporary spatial confinement and isolation, which aggravated the physical discomforts of the pregnancy. 'Doing nothing but being pregnant', there was little distraction to take their minds off their pregnancies. All of this Mila packed into her one-word answer '*stradaem'*. Seconding her, surrogacy worker Yuliana added, "Well, what *can* we do? We prepare food, we clean, browse the internet, walk to the shop… and once, we collected apples."

[123] Living expenses in Russia's metropolises can be compared with western European capitals.

Migrant surrogacy workers' confinement to idleness came in useful for the agencies, as it made monitoring easy. When I was led through the house and back yard on my first visit to migrant surrogacy workers' accommodation, I noticed the discreet surveillance cameras installed in the communal areas, and at each corner of the house. The surrogacy workers were told that these cameras were installed only for their security, as was the security staff, and I was assured that the cameras recorded only images and no sound. The surrogacy workers however mistrusted this information and suspected voice recording as well, mocking their conditions as a reality TV show for the agency. What added to this impression were the frequent quarrels that arose from boredom. "They have nothing better to do all day long but to fight and reconcile. And sometimes they don't reconcile. That is their amusement, their pastime," commented Ala, "[then] we can rewind the tape and see who picked the fight."

Yet at the same time, the living conditions in agency-provided apartments exceeded some migrant surrogacy workers' previous living conditions. "I felt like an empress [*tsaritsa*] here!" exclaimed Kira cheerfully as she showed me her own private room with a double bed and flat-screen TV. Never in her life had she had a room of her own. Experiencing such contrast led many migrant surrogacy workers to overlook the agencies' interference in their lives and compliantly exchange privacy for comfort.

7.4.2.1.2 Precarious mobility

While the agency-imposed immobility was the general rule, I also witnessed incidents when migrant surrogacy workers were impelled to travel and thereby subjected to precarious or unpleasant experiences. In the following, I select two cases in which agencies took advantage of the migrant surrogacy worker's precarious situation; the way in which the exceptions were made proved the rule.

The first case concerned the Uzbek surrogacy worker Afareen. Afareen and her husband had come from Uzbekistan to work in St Petersburg. Afareen found work as a maid, her husband as a gardener and workman on the property of an affluent family outside St Petersburg, where they also lived. To be able to return home sooner,

Afareen tried surrogacy and was considered by the small start-up agency 'Growing Generations'. She was matched with client parents from Nizhny Novgorod, 1220 km east of St Petersburg. A few weeks into the pregnancy, the client parents, aware of Afareen's working and living circumstances, began to worry that she might overexert herself and insisted that she quit her job. Afareen had to comply and consequently find other accommodation. The search was onerous, even after her husband returned to Uzbekistan. One property owner after another turned her down for reasons of her ethnicity and migrant worker status. Upon finding out about Afareen's difficulties, the client parents offered the agency manager Veronica to accommodate Afareen in their spare apartment in Nizhny Novgorod. Veronica agreed and put pregnant Afareen on a train to Nizhny Novgorod. When I asked her how she was intending to continue Afareen's supervision and finalise the paperwork, she explained that the client parents from now on would take over these tasks. Once Afareen had moved to Nizhny Novgorod, she was not allowed to talk to me. As Afareen's relocation both eased Veronica's workload and suited the client parents, Veronica willingly set her rules of strict travel prohibition to one side. She consoled Afareen that the separation from her husband, in addition to the separation from her two children, was only a matter of time. Had the arrangement of sending Afareen to live under her client parents' monitoring not suited their and Veronica's own plans, or had Afareen offered to return to Uzbekistan for the pregnancy (as commuting surrogacy workers do) and relocated only for the delivery of the child, such travel would have been out of the question.

The second case concerned Alexandra, a mother of two kindergarten-aged children who she left in her 16-year-old sister's care as her husband's work did not allow full-time child-care. At two months pregnant, she received a distressing phone call from her frantic sister. The kindergarten teacher had discovered the children's parental absence and threatened to remove them into state care, unless Alexandra made an immediate appearance. Alexandra feared the agency would not let her make the journey of over 1000km and plotted how to fetch her children and confront the agency with a *fait accompli*. By chance, the agency manager paid a surprise visit to Alexandra's apartment that day and caught Alexandra in despair and tears. She was

urged to report and subsequently permitted to travel on the next day on the following conditions: by plane, at her own risks and costs, return within one day, and equipped with syringes to self-administer hormone injections in case she started bleeding.[124] That meant that had Alexandra experienced a miscarriage, she would have been held accountable to reimburse the client parents their full expenses. The agency knew Alexandra to be a headstrong woman who would rather risk terminating her surrogate pregnancy[125] than risk losing her children, and therefore proposed the trip.

Juxtaposing Afareen's and Alexandra's experiences with local surrogacy workers shows that when a migrant surrogacy worker's mobility during the pregnancy became more valuable than her stillness, such mobility was enforced. When travel that was essential for the surrogacy worker but did not directly benefit the agency, it was only granted at the sole responsibility of the surrogacy worker. Such problems were less likely to arise for local surrogacy workers and highlight migrant surrogacy workers' precarious position and inherent geographic stratification. The fact that these two cases were emphasised to have been unique exceptions further shows that no specific exception regulations were in place to be applied in unpredictable, yet possible cases of serious illness or death of a family member that might require a migrant surrogacy worker to return home.

To summarise migrant surrogacy workers' experiences during the pregnancy: migrant surrogacy workers in St Petersburg experienced externally-imposed as well as self-imposed inertia. Commercial agencies restricted their surrogacy workers from leaving St Petersburg, which meant, for migrant women, separation from their partners and children. In addition to that, many migrant surrogacy workers, especially those from provincial Russia or abroad who had never been to St Petersburg before, felt uncomfortable and/or could not afford to explore the city on their own and thus limited their movements to the routes between their accommodation and appointments. Only in exceptional cases were migrant surrogacy workers permitted to

[124] A possible sign of hormonal imbalance or the placenta detaching and thus of potential miscarriage

[125] At that time, it was still legal for a surrogacy worker to terminate her pregnancy under the same abortion rules that apply to all women. However, some influential figures in the surrogacy business were already proposing changes in the Russian law that would deny surrogacy workers the autonomy to decide over their bodies and pregnancies.

travel. Examining the two cases I have provided as examples has shown that, even then, such mobility was only granted or imposed as and when it suited the agency.

7.4.2.2 Commuting arrangements: continuous motion

Contrary to the (self-)imposed inertia, commuting surrogacy workers in direct arrangements experienced continuous mobility and regular commuting for appointments to where their client parents expected them to go.

Rada from Medvezhyegorsk, a small town at the shore of Onega Lake, commuted for all three pregnancies. For the first and the third, she commuted to St Petersburg, and for the second one to Moscow. Her client parents paid her *platskartniy* train tickets (see appendix 11) in advance. She recalled her Muscovite client parents as particular obsessed with worries and regulatory zeal. They requested Rada to travel to Moscow at least monthly, and at each visit, even booked the same appointment at different institutions, to make sure that the examination was accurate and no possible pathology overlooked. In addition to that, the client parents had not only employed Rada, but two other surrogacy workers, and to their utter surprise, all three women had got pregnant. This took a further toll on Rada. She recalled herself being displeased with the client mother's attitude and behaviour:

> Sveta saved every *kopeyka* [penny] (…). For everything [related to the pregnancy] I had to buy, I needed to return the receipts and she would give me precisely the amount, down to the last *kopeyka*. (…) [Once] she told me 'Rada, there are no *platskartniy* tickets left. I will buy you a sleeping car ticket, but pay only for the price for *platskartniy*' – so like 'the ticket costs 3000₽, but I will only give you 1000₽'. Is it my fault that there is no *platskartniy* ticket? If you decide to go for this [hire three surrogate mothers], then be genuine until the very end!

It was obvious that in the case of being expected to pay the surcharge of the more expensive ticket, Rada did not have the option not to go. This would have been a breach of her contractual agreement.

Karina commuted regularly to St Petersburg for both commissioned pregnancies. As she and her client parents continued to work, they easily agreed on scheduling the ultrasound appointments on Saturdays, allowing Karina to board the night train after her Friday shift, attend the appointment on Saturday morning, spend time with the client parents and return home either Sunday night or Monday morning, ready to go to work. Even though Katarina did not travel every weekend, the busy schedule took a toll on her family life:

> My children told me that I am neglecting them. I was physically unable to give them more attention, because I had to travel regularly, or I was in such states, when I simply had to sleep… but my children wanted attention. That is my story, the unpleasant nuances in my experience.

Contrary to all apprehensions of the negative consequences that train travel could have on the pregnant women, many direct arrangements were based upon this commuting model that turned gestational carriers into gestational couriers. In my sample, 12 of the 18 direct arrangements were commuting arrangements.

There were three reasons for the frequency of such commuting arrangements despite the strain they meant for the commuting surrogacy workers, and the limited opportunities for client parents to monitor the surrogacy workers. First, the difficulty of finding a suitable local surrogacy worker. Second, the preference of a non-local surrogacy worker for the sake of future anonymity. Third, cost-effectiveness: non-local surrogacy workers, in particular if from abroad, more likely agreed to work for less.

In short, the frequency with which commuting surrogacy workers were called to commute for appointments varied according to their client parents' preferences. Commuting surrogacy workers had to comply with the appointments assigned to them. Often the commuting took a toll on surrogacy workers' families and they had to rely on family members' collaboration and support with childcare. This further shows that commuting surrogacy workers' capital of mobility was not provided entirely of their own accord, but was also continuously fostered and supplied by their families and their unacknowledged emotional labour.

7.4.3 Delivery and departure

After the divergent experiences of commuting and migrant surrogacy workers during the pregnancy – commuting surrogacy workers being exposed to increased mobility while migrant surrogacy workers were prompted to immobilising stillness – their experiences converged again at childbirth. In this section, I explore how childbirth and the postpartum period was organised and experienced. I show, how imposed (im-)mobility repeatedly served first and foremost client parents and agencies.

Surrogacy workers, like any women, may stay three days in the maternity clinic post-partum. After that, migrant surrogacy workers in agency arrangements were usually accommodated up to another week to support recovery, pack their belongings and make preparations for their return journey. The return journey usually took place via plane to reduce physical strain and make it safer, as many women travelled with their final compensation in cash. Not all post-natal departure preparations ran smoothly, and the cases I witnessed during my research suggested that the timing once again depended on what works best for the agencies or the client parents, even if it came at the expense of the surrogacy worker. The following examples vividly illustrate how geographic stratification extended into the postpartum period and affected migrant surrogacy workers' mobility even when their work was done.

Once more, I return to migrant surrogacy worker Alexandra, who was first sent on from Moscow to St Petersburg and then travelled at her own risk to fetch her children. On the day she delivered, the pre-selected maternity clinic was closed for its bi-annual disinfection day. The ambulance therefore delivered Alexandra to the next-nearest clinic, which consequently was more crowded than usual and unprepared for the surrogacy delivery. Waking up from the anaesthesia[126], Alexandra recalled being asked "You won't mind if we put you [in a shared room in the general ward] with a woman and her child [instead of in a single room as common for surrogacy workers], will you?" Still dazed and overwhelmed, Alexandra agreed.

[126] Alexandra had been anaesthetised to scrape out the placenta instead of waiting for her to deliver the placenta. She and other surrogacy workers reported it as a routine procedure of birth in Russia. Waiting for the woman to deliver the placenta would be a safer practice, but more time-consuming.

> I hadn't fully come to all my senses yet when they asked me. I wasn't against it *then*, but [I still was befogged]. Once I had fully woken up and found myself in the room with a new-born, I regretted it. It was difficult, psychologically difficult. (…) Can you imagine?! I don't have a child after giving birth, and here I am, with a mother and her new-born.

Alexandra's upset grew as she found out that the agency representative Malvina knew of Alexandra's unacceptable situation, but declined to intervene and devoted her undivided attention to the client parents. Without being able to put her finger on it then, Alexandra felt that her demotion was connected to the previous scandal of her rushed journey home and challenging the agency's policy by having her children stay for the rest of her pregnancy. The combination of untrained staff and no intervention by the agency led to another scene the following day, when the information that Alexandra was a surrogacy worker had spread among uninvolved staff and a cleaner verbally abused Alexandra for being a surrogate. Alexandra could no longer take it. Upset and humiliated she left the clinic to return to the agency's housing complex. "I cried. I was so upset and humiliated. A cleaner bullied me out! I carried a child and the bio[logical] parents didn't even come to thank me!" As if it were not enough, in the evening of the same day, she received two phone calls from the agency. "They said: 'Alexandra, can you move out within a day or two? We need your place for a new girl.'" She fumed recalling the conversation:

> They needed to put another surrogate, another girl, in my place. I should leave as soon as I could. I was no longer of use, so I was supposed to leave as soon as I could. And I told them 'I am not going anywhere!'

Not only did the agency disregard their practise of giving surrogacy workers a week to recover and prepare, Malvina, the manager, further broke the news that since Alexandra had brought her children, she was accountable to buy her own return tickets. Alexandra's voice vibrated with anger as she tried to keep her countenance while narrating:

> [Tickets] are expensive when you buy them 24 hours in advance, especially for the plane. But what was most insulting was that they wanted to kick me out of [the accommodation]. And I told them: 'I am not going anywhere,

not until my belly had shrunk!'[127] I told them that first they kicked me out from the hospital, and now from the apartment.' I am not going anywhere!' That's what I told them!

Alexandra did stay for the full week. The unexpected expenses of bringing her children and buying three return tickets on short notice diminished her earnings substantially. A year and half later, when we met again in Moscow where she was preparing for another surrogacy pregnancy, she reflected that not having been local substantially weakened her position, both in the clinic and with the agency. "I should have sued them." However, she acknowledged that at that time she had neither the mental and physical strength nor the means to pay a lawyer and remain in St Petersburg. She was convinced that the agencies were aware of migrant surrogacy workers' particular vulnerability and precarity, and took the advantage of being able to treat them with impunity.

The delivery of the baby marked the end of Alexandra's utility and thus the agency's 'hospitality'. By contrast, when migrant surrogacy worker Irina's utility continued after delivery, her agency prohibited her from leaving St Petersburg and returning to her family. Irina had carried a child for a foreign, gay couple.[128] Although her agency 'Surrogacy Exclusive' had obtained her signature confirming that she relinquished all her parental rights and arranged all paperwork in a timely manner, the agency wanted to err on the side of caution and insisted she remain in the city until the fathers had successfully left the country. The fathers appreciated the agency's decision and highlighted that appreciation in their testimonial of gratitude and praise, posted on the agency's website. They particularly praised the agency's foresight in "keeping our

[127] Nobody at home except for her sister and her husband knew about her surrogacy. She didn't want her figure to give any hints.

[128] Surrogacy arrangements for homosexual couples are not *per se* prohibited, but a single man – and especially two men – cannot achieve parenthood without a woman being involved. Hence, agencies circumvent this: the surrogacy worker does not relinquish her maternal rights, but continues to be on the birth certificate – along with one client father, who allegedly had a sexual relationship with the surrogate. In the case of the single father Matvey from St Petersburg, the agency chose a single local woman to be the surrogacy worker and to agree to these uncommon arrangements. According to Matvey, every time he wants to travel with his daughter, he needs to seek the mother's signature of approval for the border guards.

surrogate mother at our disposal until our day of departure." Once they had left, the agency released Irina from her on-call duty and handed her the return ticket.

In the case of commuting surrogacy workers, contracts stipulate relocation[129] to wherever client parents wanted the birth the take place, most often their home town. This enabled client parents to continue their everyday lives for as long as possible and list their home town on the child's birth certificate, to maintain the pretence of the client mother's pregnancy. Less frequently, client parents chose St Petersburg or Moscow for their high-end private birth clinics, or for anonymity.

While awaiting the delivery, most commuting surrogacy workers lived in rented apartments. The women in my sample gave mixed accounts about this relocation. While some jokingly described the weeks waiting for the delivery as a pleasant break from household chores and full-time-mothering, for others the memories of loneliness and long and boring days predominated. Some surrogacy workers received visits from their client mothers to distract them and assist them with shopping. Lyubov, who had described her arrangement and relationship experience during the pregnancy as business-like (see chapter 6), heard and saw little from her client parents, except for text messages checking to see if she was all right. She described how she felt lucky that it was summer and she was able to distract herself with daily walks. Soon she knew every alley, lane and corner. Relocating in the winter, when snow and ice cover the roads and temperature drops far below zero – especially in the North – ruled such distraction out.

For commuting and migrant surrogacy workers alike, the delivery, signing away their parental rights and receiving the final compensation officially marked the end of their contracts. Migrant and commuting surrogacy workers were at risk of experiencing further aspects of geographic and geo-political stratification related to their status of not being locals to locals. Migrant surrogacy worker Irina's experience of being stopped from returning home after she had completed her tasks so she could remain available, and Alexandra's contrasting experience of having her rights of a week's rest

[129] In case of a singleton pregnancy, the surrogacy worker had to move three to four weeks prior to the estimated delivery; in the case of twins, five to six weeks.

curbed by trying to send her off at the agency's earliest convenience, illustrate that migrant surrogacy workers return-mobility was put on hold, kept in suspense or increased in whatever ways best suited surrogacy agencies. The women's experiences show that even when migrant surrogacy workers had fulfilled their duty, agencies assumed the right to extend their control over their mobility and thus geographically stratified them compared to the local surrogacy worker population. Furthermore, as Alexandra suspected, such conduct was not an oversight, but appeared to be systematic, as agencies knew themselves to be in a more powerful position than the migrant surrogacy workers who depended on their accommodation and compensation. Commuting surrogacy workers, if they travel to the provinces where their clients reside, are likely to deliver in hospitals unaccustomed to surrogacy birth; this may put them at risk of discriminatory treatment, which is an additional risk of geographic stratification. Finally, both commuting and migrant surrogacy workers deliver in unfamiliar surroundings and, unless a supportive relationship with the client parents emerged, are compelled to look after themselves.

7.5 Summary of chapter

In this chapter, I have shown that the markets in surrogacy in Russia are based on and propel the mobility of surrogacy workers, and demonstrate a unique "reproscape" of surrogacy in Russia. To address this phenomenon and analyse surrogacy workers' divergent experiences, I have introduced the terms *migrant surrogacy worker* and *commuting surrogacy worker,* and drawn on and extended Colen's (1995) theoretical framework of stratified reproduction to *geographic* and *geo-political stratification.* I have argued that surrogacy workers in Russia are geographically and geo-politically stratified when their bodies and reproductive labour are more desired and valued than that of others, and they face different conditions during their arrangements, depending on the geographic origin, location of their residence and their citizenship.

Further, I have argued that migrant and commuting surrogacy workers' mobility - their ability to travel and the readiness to do so on demand - was a form of convertible capital (Bourdieu 1986) and at the same time the initiator that enabled the women to convert their reproductive capital into economic capital.

I have shown that migrant and commuting surrogacy workers were exposed to two matrices of geographic and geo-political stratification. The first concerned their geographic origin and the remuneration schemes which were scaled accordingly. The second concerned their experiences of their commissioned pregnancies. Regarding the first matrix of geographically and geo-politically stratified reproduction I have shown that reproductive flows and practices depended not only on transnational inequalities (Ginsburg and Rapp, 1995:1), but increasingly also on regional disparities: the practice of commercial surrogacy concentrates in St Petersburg and Moscow. As a consequence, a large number of surrogacy workers 'flow' from provincial areas and abroad to these reproductive hubs. Despite providing the same reproductive labour as local surrogacy workers, yet under closer scrutiny and making greater compromises to their family lives due to the relocation or constant commuting, migrant and commuting surrogacy workers received lower compensation than their local colleagues. Agencies justified this geographically-stratified remuneration scheme by pointing to the accommodation and travel costs that migrant surrogacy workers incurred. However, at the same time as migrant surrogacy workers were required to compensate for these costs by receiving lower compensations, agencies profited by instrumentalising them and their provincial origin to advertise their database of healthy gestational carriers for client parents. Additional geo-political stratifications could add for surrogacy workers from the neighbouring CIS countries; citizenship and associated requirements and risks became markers of difference. Depending on their passport, some women had higher and others lower chances of finding employment as surrogacy workers in Russia.

Regarding the second matrix of geographic and geo-political stratification I have shown migrant and commuting surrogacy workers' geographically stratified experiences of their commissioned pregnancies. They experienced higher levels of scrutiny and intrusion into their privacy. For the embryo transfer, both groups of mobile surrogacy workers had to be on call. In particular, migrant surrogacy workers could never know when they would be summoned to travel, and for how long they would be gone. Would the procedure succeed or fail? If it failed, would they be kept in St Petersburg

or sent back? Once pregnant, migrant and commuting surrogacy workers' experiences diverged. While migrant surrogacy workers were accommodated in agency-provided accommodation and entered a period of self-imposed inertia and isolation from their families, commuting surrogacy workers experienced continuous mobility as they travelled on their client parents' demand to appointments. The frequency of travel varied, yet all commuting surrogacy workers in my sample shared the experience of relocation to the place where the client parents wanted them to deliver the baby, three to six weeks prior to the estimated date. With the delivery, commuting and migrant surrogacy workers' experiences converged again. Once they had delivered and signed off their parental rights, they had concluded their work, received their compensation and were expected to swiftly depart. Local surrogacy workers, in contrast, experienced neither the high level of scrutiny and monitoring available to agencies when placing migrant surrogacy workers in provided accommodation and the concomitant separation from their families, nor did they have to organise their family life around regular commuting across Russia's plains for appointments, which could take days instead of hours. Taking a pregnancy test did not determine their residence for the upcoming months, and they could rest during the puerperium instead of having to pack and travel within days of the delivery. These contrasting experiences of migrant, commuting and local surrogacy workers constituted inherent geographic and geo-political stratification.

This analysis has further shown that while mobility was both convertible capital and the initiator that enabled the conversion of reproductive capital into economic capital, the conversion went ahead at the expense of the mobile surrogacy workers: they experienced monetary loss, as well as the loss of personal mobility or control over their own mobility. Surrogacy agencies who hired and accommodated migrant surrogacy workers, and client parents who directly commissioned commuting surrogacy workers at a lower rate than local women, could profit from the conversion.

This chapter has shown that the market in surrogacy in Russia is pervaded by various forms of geographic and geo-political stratification. This forces both migrant and commuting surrogacy workers to comply with the toll it takes on their personal lives,

and the disadvantages of heightened precarity and lower pay, in order to compete and participate in the market. In doing so, migrant and commuting surrogacy workers reinforced the structures which stratified them in comparison to their local colleagues.

8 'Fertile', 'docile', yet undesired. Ethnic stratifications of the 'other', non-Slavic surrogacy worker

Notes from fieldwork diary, September 2014:

> *I see Central Asian women selling vegetables in the small, draughty fabric-walled stalls scattered throughout the city and in the open markets. They clear and wipe tables, and wash the dishes in the cafes where I write my fieldnotes (but never serve!). They scrub floors. They clean toilets... Yet in all those months I have lived in St Petersburg[130], I don't remember having seen any of them as customers in these places.*
>
> *I have neither met nor seen nor heard much about Central Asian surrogacy workers, unlike women from other newly independent republics, such as the Ukraine and Belarus. While Central Asian women are visible in these sectors of the service industry, their absence in the reproductive service industry of surrogacy is striking. Absent? Or invisible? I should ask!*

This chapter scrutinizes the ethnic stratifications among surrogacy workers in the markets in commercial surrogacy in St Petersburg. It shows how surrogacy workers were categorised into 'Slavic'/'white' and the subaltern 'Eastern'/'black'. This categorisation was undertaken by Russian client parents and agency staff, and reinforced by Slavic-identifying surrogacy workers. Drawing on the conceptual frameworks of 'othering' (Last 2012; Schäffter 1991; Seidman 2013) and, again, Colen's (1995) notion of stratified reproduction, I illustrate how these categories were created, demarcated and led to an ethnic stratification in the markets in surrogacy in Russia, and consequently to the marginalisation and systematic disadvantaging of women of Central Asian origin.[131]

With this chapter, I engage with the discussions and concerns raised by critics of transnational and cross-racial surrogacy, namely the deployment of 'brown' and 'black' bodies for the benefit and reproduction of 'white' bodies (Allen 1991; Harrison 2016:153; Rothman 1988a, 1988b; Twine 2015). 'White', 'brown' and 'black' are the commonly applied terms in the North American markets in surrogacy and in

[130] Referring to both to my five months MSc research (September 2011 – January 2012) and the first two months of my ten months PhD research (August 2014 – May 2015).

[131] In this context, it is important to emphasise that only gestational surrogacy is legal in Russia, hence only gestational surrogacy arrangements are offered by commercial agencies, and only gestational arrangements are (knowingly) implemented by medical specialists.

transnational surrogacy arrangements in India. The critique of cross-racial surrogacy in the United States has been developed in sight of the "history of racialized reproductive labor (…) in which dominant groups rely on the reproductive potential of non-white women" (Harrison 2016:8; see also Allen 1991; Roberts 1997).

In Russia since the 1990s, 'Russianness' has become a synonym for racial whiteness (Zakharov 2015).[132] Subsequently, many of those who at times of the Soviet Union had been ethnicised as belonging to a different, non-Russian ethnic group have been merged into a generalised category of 'black' other after the dissolution of the Soviet Union (Zakharov 2015:157; see also Reeves 2013). As Zakharov (2015:62) outlines, "In the Russian context, 'black' includes people of Asian descent as well as those from the Caucasian republics or Africa. Black is not a question of pigmentation; rather it is a cultural category."[133] These terms and categorisations also surfaced in the markets in surrogacy in Russia. However, more common than the slur 'black' for Central Asian migrants among my participants was to derogatively refer to Central Asians as 'Eastern', generalising them into one monolithic category.[134] Another likewise derogatively employed term was to refer to Central Asians collectively as 'Tajiks'.[135] The likewise collective reference to disparate immigrants by Russian main TV channels and orchestrated anti-immigration media campaigns (Tolz and Harding 2015) legitimise and reinforce this derogative use of language.

In this chapter, I show that in Russia, 'white' Russian client parents, who represent the majority of client parents, did not reproduce (their) whiteness by deploying the

[132] See also Warren and Twine (1997) for how 'Slavic' has been established as and included in 'white' in the US.

[133] My gratitude to Dr Marina Yusupova, University of Manchester, for the discussion in a joint panel - 'Intersections of Race, Nationality and Ethnicity' at the Conference 'Gender and Sexuality in Russia, Eastern Europe and Eurasia: Past and Present', University of Nottingham, 7-8 March 2017 - and kindly pointing out relevant literature.

[134] A look on the map shows that the term 'Eastern' is geographically wrong. It emerges from 'nested orientalism' (Bakić-Hayden 1995): "While geographical boundaries of the 'Orient' shifted throughout history, the concept of 'Orient' as 'other' has remained more or less unchanged. Moreover, cultures and ideologies tacitly presuppose the valorised dichotomy between east and west, and have incorporated various 'essences' into the patterns of representation used to describe them" (Bakić-Hayden 1995:917). 'East' remains associated with 'backwardness', while 'west' is associated with modernity.

[135] By referring to any Central Asian as 'Tajik', research participants made use of an ethnic slur that expressed firstly that there is no significant difference amongst Central Asians. Secondly, as Tajikistan is the economically weakest of the five Central Asian republics, the slur implied not only that 'they are all the same', but 'they are all the same poor'.

reproductive labour of ethnically othered, 'black' Central Asian women, but that the consequences of the ethnic stratifications in Russia's markets in surrogacy unfolded along different markers. 'Black' women were coded as undesired and consequentially disqualified to reproduce for 'white' client parents.

This chapter is based on interviews and conversations with four Russian client parents, ten Russian agency staff and seven Slavic[136] surrogacy workers, as well as analysis of online forum conversations and surrogacy advertisements. All client parents and agency staff in my sample, as well as the Slavic surrogacy workers on whom I draw in this chapter, self-identified as Russian or Slavic respectively. The marginalisation of Central Asian women that I address in this chapter made surrogacy workers of Central Asian descent a 'hard-to-reach population' (Agadjanian and Zotova 2012). Hence, this strand of my research demanded a different approach. Because of the subsequent gap in data from these women, I draw on the narratives of the Russian client parents and agency staff, as well as surrogacy workers who self-identified as 'Slavic' to construct the analysis around these missing voices. That means, in order to speak about the absent and undergirding ethnophobia that led to the marginalisation, I had to casually and discreetly introduce the topic into conversations and interviews.

The structure of this chapter is as follows: First, I outline my conceptual and analytical frameworks of ethnic stratification and 'othering'. Next, I analyse how client parents, agency staff and Slavic surrogacy workers 'othered' Central Asian women and denied them the eligibility of employing their reproductive labour for compensation. Finally, I

[136] To clarify the terms 'Russian' and 'Slavic': In English, the term 'Russian' subsumes two distinct categories in the Russian language: *russkiy* and *rossiskiy*. *Russkie* are Russians by ethno-cultural nationality. They can be citizens of Russia, or citizens of another country. *Rossiskiy* refers to the civic dimension, the concept of a multi-ethnic nation (Tolz 1998; Zakem et al. 2015). Accordingly, one can be (ethnic) 'russkiy', but not 'rossiyskiy' (citizen), and vice versa. Ethnic Russians make up 81% of the Russian population and the absolute majority of clients in surrogacy in Russia. All client parents in my sample self-identified as Russian and were Russian citizens. Slavs are the largest Indo-European ethno-linguistic group in Europe, of which Russians, along with Ukrainians and Belarusians belong to the east Slavic group sub-group (Kuzio 2003). As I have shown in chapter seven, the next biggest group after Russian surrogacy workers in Russia are Ukrainian and Belarusian women (see Appendix 1 for a reflection of this distribution in my sample). The Slavic participants in my sample referred to themselves either by their ethnic identity as Russian, Belarusian or Ukrainian, or, when intending to foreground cultural and linguistic commonalities and in particular to demarcate from other ethnic groups in Russia, both other ethnic residents and immigrants, they referred to and foregrounded their common Slavic identity.

analyse the repercussions this 'othering' had on the strategies of agencies and Slavic surrogacy workers.

8.1 Conceptual framework: ethnicity, ethnic stratification and 'othering'

The notion of ethnicity is dynamic, controversial and contested (Barth 1998; Baumann and Gingrich 2004; Brubaker 2004; Eriksen 2002). According to Eriksen (2002:1), "ethnicity emerges and is made relevant through social situations and encounters", in other words, ethnic identity is relational and flexible. Gingrich (2001) contends that ethnicity is the relationship between two or more groups who share the notion of being culturally different (see also Eriksen 2002:9), as well as different by descent (Fenton 2010). "Ethnic identity is a matter of self-ascription and ascription by others in interaction" (Barth 1998:6). Individuals, groups as well as governments instrumentalise ethnicity as marker of identity and alterity (Baumann and Gingrich 2004) which can lead to ethnic stratification.

Ethnic stratification is a system of structured inequality, in which people receive different amounts of society's resources and access to services based on their belonging to an ethnic group and this group's status in the given society (Marger 2015:29). According to Marger, "in almost all multiethnic societies, a hierarchical arrangement of ethnic groups emerges in which one establishes itself as the dominant group, with maximum power to shape the nature of ethnic relations." Those ethnic groups "on top" rest on long-standing and politicised discourses of biological race to sustain the legitimacy of the social construct that elevates them (Smedley and Smedley 2005). In order to maintain their superior status, members of the superior group exclude those whom they seek to subordinate. These processes of subordination, racialization and exclusion may also be referred to as 'othering' (Schäffter, 1991; Last, 2012; Seidman, 2013). 'Othering' an individual or a group of people commonly follows simple binary, yet often arbitrary oppositions that "[entail] the invention of categories and of ideas about what marks people as belonging to these categories" (Schwalbe et al. 2000:422). Devaluating, slurring and dehumanising the 'other' creates contrasting differences used to justify the treatment of the 'other' as inferior (Seidman 2013).

The fertility industry is also pervaded by ethnic and racial stratifications in myriad ways (Culley et al. 2012; Elster 2005; Hudson 2015; Roberts 2009; Speier 2016; Urquia et al. 2012). Daniels and Heidt-Forsythe (2012:720) for instance have shown how the markets in human gametes "[exacerbate] hierarchies of human value based on stratified norms of race, ethnicity, economic class, and gender." In gamete donation, ethnic and racial sameness between donor and recipient is desired (Heng 2007; Speier 2016), whereas in gestational surrogacy arrangements in the USA (Ragone 2000) client parents prefer employing a surrogate mother of different ethnic or racial background to emphasise the belonging of the child.

8.2 'Othering' and disqualifying the 'Eastern' surrogacy worker

In this section, I present the – predominantly negative and thus disqualifying – opinions that client parents, agency staff and other Slavic-identifying surrogacy workers held about Central Asian women. Here it becomes clear that the different actors in the surrogacy industry focused on different aspects that they regarded as deviant or faulty among Central Asian surrogacy candidates, und ultimately, disqualifying Central Asian women as surrogacy workers for Slavic client parents in Russia. It is furthermore striking that, as all surrogacy arrangements in my sample were gestational surrogacy whereby the surrogacy worker does not provide her own egg and therefore does not pass on her genes, no 'otherings' were based on phenotypical appearance of Central Asian women.[137] Instead, the othering concentrated on culture and habits of the ethnic 'Eastern other'.

8.2.1 On the part of client parents

Client parents expressed that their main concerns about what rendered Central Asian women inappropriate as surrogacy workers was their cultural and religious 'otherness.'

[137] Besides the black hair that has been instrumentalised for the ethnic slur 'blacks' [*tchornye*], a darker skin complexion, higher cheek bones and slanted eye lids are common among Central Asian ethnic groups and are used for ethnic profiling by the police (Adjami 2006).

Client parents saw this 'otherness' expressed in excessive submissiveness to their husbands and (assumed) lower hygiene standards. Both points of critique were seen as a potential threat to the baby *in utero* and therefore disqualifying. The following examples illustrate. Client mother Yana made no secret that she was not too keen on employing a Central Asian woman as her surrogacy worker. Instead, she resorted to her first Uzbek candidate after several attempts with Russian surrogacy workers had failed and the expenses cut deeply into her savings. When a private broker offered Yana her first Uzbek candidate for a below-average compensation, Yana reconsidered. Gulshanoy, the Uzbek woman in question, lived and worked in St Petersburg. She had three children, who were taken care of by Gulshanoy's mother, with her divorced husband. Yana recalled, "I talked with her, it was obvious that she easily gets pregnant, so I took her to see my doctor." The doctor approved Gulshanoy and Yana began preparations for the arrangement. Only then, Yana inquired and found out that Gulshanoy actually had remarried another Uzbek man in St Petersburg, with whom she lived. Yana thereupon annulled the agreement, yet emphasised to me that there was nothing wrong with Gulshanoy. On the contrary, she stressed that Gulshanoy had made a proper impression and suited the doctor. Instead, Gulshanoy's husband posed the problem. In Yana's words, "her husband is Eastern like her (…), and he needs sex." Yana was convinced Gulshanoy would not be able to avoid sexual intercourse with her husband, as Yana expected of her for at least the preparation period and until a pregnancy was confirmed. Yana complemented her assumption of the obedient Eastern woman with the image of the oppressive Eastern man, who is driven by lust and/or instinct, incapable or unwilling to understand or control himself (Hoodfar 1992; Varisco 2007). Client mother Anastasia agreed with Yana. Her considerations give further insight into why she took a dislike to surrogacy workers' continuing intercourse during their commissioned pregnancy and why client parents raised their concerns about this in particular in the context of Central Asian surrogacy workers.

> One of my surrogate mothers, Akmaral, the one from Kazakhstan, she is Kazakh and Muslim. I chose her because she had experience [as a surrogate mother]. I also chose her because she was a very nice person and because she had no husband at that time. Had she been married and had three children instead of

> one, then I would not have taken her. Because among Muslims, women are not allowed to dispute their husbands. If the husband wants sex, the wife has no rights to refuse him, even if she is pregnant with my child, even if she is at a risk of miscarrying. More than that, regardless of her being pregnant, she is solely responsible for the household duties. Muslim men don't assume female duties. Muslim men don't like to see a man helping his wife. All that exposes risks to the pregnancy.

Anastasia clearly felt uncomfortable with the idea of her surrogacy worker continuing sexual intercourse with her husband. Without doubt, this discomfort was not limited to Central Asian women, but concerned client parents regardless of the ethnic identities of their surrogacy workers. However, Anastasia's statement and choice of married Russian and Ukrainian surrogacy workers implied the assumption that a Slavic woman would follow this rule and if necessary oppose her husband if he demanded intercourse, whereas a Central Asian, Muslim woman would not. This view, held by Yana as well as other client mothers in my study, in patronizing manner sees Muslim women as victims unable to resist their husbands, and incapable of acting in a way which did not conform to their religious faith and follow their own moral judgement. Slavic women, by contrast, were seen as modern and emancipated enough to oppose their husbands (and these Slavic husbands to be willing and able to accept this restriction), and if Orthodox religious, capable of setting themselves above the Church's condemnation of surrogacy and able to follow their own moral judgement (Ivankiva 2012; see also chapter 5).

While Yana and Anastasia considered working with Central Asian women, albeit with reservations, client mother Nadezhda categorically ruled out the option of employing a Central Asian woman. To justify her standpoint, she pointed out the high numbers of crimes and illegality reported among Central Asian labour migrants in Russia. She reiterated, "I never ever considered such an option in the first place. (…) There are simply so many illegal Tajiks here (…) [and] because those who come to us are not the best representatives of their nations"; she felt general distrust and discomfort about the idea of entrusting her embryos to a surrogacy worker of Central Asian origin. Her rejection of Central Asian women was further composed of

associating Central Asian women with a lower standard of personal hygiene. Her tone and body language revealed that she felt uncomfortable about voicing this sentiment out loud, and so she broached the topic in an implicit comparison.

> Towards a [surrogate mother] from Buryatia or Tatarstan[138] or such, I have a slightly different attitude (…) they are clean [*tchistoplotniye*], they do not belong to a beggar nation [*nishaya natsiya*].

The meaning of *tchistoplotniye*, 'clean', is more complex in Russian than the English: Beyond referring to all things related to (personal) hygiene, and how one maintains the self, the home and children, the meaning of *tchistoplotniye* extends to one's prudence in the choice of intimate partners and choice of language and expression. Referring to Central Asian women as not *tchistoplotniye*, client mothers were apprehensive of possible infections of the reproductive tract, in particular infections caused through sexual intercourse.

Not all client parents in my sample agreed with this negative stance. Client mother Evgenya, on the contrary, explained that she had no aversions to women from Central Asia. She said:

> [Aiday,] my first surmama, the one who didn't get pregnant (…) she was Kazakh. She was darker-skinned[139], slant-eyed, and of a stumpy, sturdy type [*zhelten'kaya, uzkoglazen'kaya, korenastaya takaya, krepkaya*]. I looked at her, I liked her, she was a very nice one! (…) No, no. [Ethnicity] makes no difference. (…) I think that is total nonsense [*erunda polnaya]*.

Her voice and manner of recalling Aiday indubitably conveyed Evgenya's high esteem of Aiday, despite her failing to get pregnant. In fact, Evgenya even wanted to undertake another embryo transfer with Aiday after she had recovered from the previous failed attempt emotionally. But when she then called Aiday after the necessary months of recovery, Aiday was already pregnant for another couple and to everybody's joy, gave birth to a healthy baby.

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[138] The Republics of Tatarstan and Buryatia are federal subjects of the Russian Federation. The majority of the respective local population belongs to the Russian [rossiyskiy] ethnic minority groups. In Tatarstan, west of the Ural Mountains, ethnic Tatars, a Turk people, outnumber ethnic Russians. In Buryatia, located in the south-central region of Siberia along the eastern shore of Lake Baikal, a third of the population are ethnic Buryats, the largest indigenous group in Siberia. Their language, Buryat, is a Mongolic language.

[139] The literal translation of Evgenya's description was 'yellow' for Aiday's skin tone, yet by that she meant a darker shade than hers.

In summary, four of the six Russian client parents I talked to on this topic considered Central Asian women inadequate to become their surrogacy workers. Those who rejected the option listed surrogacy workers' attributed obedience to their husbands over their doctors because of their cultural and religious upbringing as a crucial disqualifier. They felt uncomfortable with the idea of sexual intercourse and reasoned that this could pose a threat to their child in utero. Moreover, they expected Central Asian women's standards of hygiene not to meet their own, which equally was seen as a threat to the pregnancy and the child's health.

8.2.2 On the part of agencies

When I introduced the topic of Central Asian women and their potential candidature as surrogacy workers into the conversations with agency staff, the responses were diverse. Some agency staff endorsed working with Central Asian women, whereas others regarded them not worth considering. Ala, a staff member of 'Happy Baby', was among those who expressed a favouring of Central Asian candidates. She explained:

> In my experience, [Eastern women] get pregnant easily and carry pregnancies excellently well. That seems to be in their genes. They all have large families, and from a medical point of view, everything goes smoothly with them. In patriarchal societies [like theirs] there is more obedience and as a consequence, we have fewer problems with the Eastern girls [*vostotchnye devotchki*] [than we have with the Russians]".

While Ala's colleagues agreed with her judgement about Central Asian women's 'genetic disposition for fertility' and consequentially satisfying success rates as well as their culturally instilled obedience (see also Zdravomyslova and Tkach (2016:86) for similar attitude among Russian employers of Central Asian domestic care workers), the other agency staff's opinions differed. In the opinion of Veronica, the manager of the smaller agency 'Growing Generations', "They are not very clean [*tchistoplotniye*]". However, having an Uzbek surrogacy worker employed in her agency, who was carrying a child for client parents at the time of the interview, Veronica was quick to add "in this exceptional case, *this* woman is a very clean one [*tchistoplotnaya*], and she is diligent." The stereotype of the hygiene-negligent, less developed, less civilised and

therefore potentially dangerous 'Eastern' migrant is propelled by media coverage (Eroshok 2007; Hutchings and Tolz 2015) and Veronica drew on such reporting to justify and substantiate her perception when she added:

> Not long ago I watched a documentary on TV. They examined the trains that come in to Moscow from the East, [bringing] the workers from Central Asia (…). Of course, everywhere one could find many nasty illnesses, which they don't check up on and don't treat. They come here and you don't know what they are bringing with them.

With this statement, Veronica suggested that Central Asian migrants not only had a poor hygienic standard, but were also to blame for bringing contagious disease.

8.2.3 On the part of Slavic surrogacy workers

I also discussed the absence of Central Asian surrogacy workers and the potential reasons for this with Slavic surrogacy workers. Their accounts reflected the already presented resentments against Central Asian surrogacy workers: sub-standard hygiene, Muslim faith, and habits and traditions unfamiliar to Russians – demonstrating how deeply these resentments were ingrained. Surrogacy worker Alexandra for instance contemplated:

> Eastern girls are brought up differently - they have a different way of thinking, somehow. Probably they are not suitable because of religious reasons... restrictions even. But it is commonly said that Eastern people are not entirely clean [*tchistoplotnye*]. (…) Maybe because of that [bio-parents avoid Central Asian women]. Maybe it [uncleanliness] is in their genes.

Research participants gave evasive answers when I inquired further into what they perceived as different and over the time I realised that exceedingly few had any personal acquaintance with Central Asian women, as Central Asian labour migrants often lived in segregated housing and worked in different occupations (Brednikova and Tkach 2010; Agadjanian and Zotova 2012).

Surrogacy worker Diana expressed an additional concern about Central Asian women not expressed by other participants, that Central Asian women were potentially and

deliberately neglecting and ill-treating the surrogacy child in utero for Slavic client parents. She said:

> A woman who is a Slav – she carries a Slavic child like her own, she relates to a Slavic child as if she/she was from her own blood [*russkaya zhenshina russkogo rebyonka vynosit kak rodnogo*].[140] A woman who comes here from Tajikistan - does she respect the Russian? Rather not. Here you can find an issue of attitude, [the attitude of] one nation against another. What I mean with that is: a Tajik who carries a Russian child doesn't care what happens to [the child] or what she feeds [the child]. She eats rice for a week, because her people enjoy eating rice. She is a Muslim. They have their own traditions. That means – how should I put it – they may not be clean [*tchistoplotnye*]. But the [client] parents, who entrusted her with their child, they want their child to grow in warm and cosy conditions. Comfortable and clean. [They want their surrogate mother to] always eat fresh fruits, from the very beginning. From the moment of the embryo transfer [they want] everything to be ideal, even the *surmama* mother. To some degree, the parents see the surrogate as a container, and in this container, they invest for the welfare [of their child]. They place [their child] in that container. Therefore, they expect only the best.

Thus, in addition to agreeing with the prevailing stereotypes about Central Asian women, Diana 'othered' and disqualified Central Asian surrogacy workers even further by attributing them with a negative, even hostile work ethic towards Slavic Russian client parents. The 'Eastern otherness' in her account was organised as 'these people from over there' were not like 'us' (the 'Slavic' surrogacy workers and Russian client parents), as they did not appreciate 'our' values, in particular, the values of the client parents. Furthermore, in line with the anti-migration campaign on Russian state television, in which Islam was racialised and represented as first the core identity of Central Asian and Caucasian migrants, and secondly the main threat to the Russian civilization and values, Central Asian surrogacy workers were depicted as posing a threat (Tolz and Harding 2015; Hutchings and Tolz 2015). Furthermore, the notion of *litso aziatskoy/kavkazkoy natsional'nosti (*a face/person[141] of Asian/Caucasian nationality) "became a lexeme in the media, in everyday language, and even in the

[140] According to various doctors, the number of Central Asian client parents coming to Russia for surrogacy is dwindling small and when not bringing their own surrogacy worker with them, they equally sought to find a Central Asian surrogacy worker locally.
[141] Both 'face' and 'person' are translated by the same Russian word, *litso.*

formal context" (Zakharov 2015:26), and commonly used in connection with *podozritel'nye litsa* (suspicious faces/persons) to foster association (ibid.). As such, Central Asian surrogacy workers served 'Slavic' surrogacy workers as a reflective surface to cast a positive light on themselves (Schäffter 1991). Diana accused Central Asian surrogacy workers for showing no respect for Russian client parents by default. In her opinion, Central Asian surrogacy workers were prepared to abuse the power that a surrogacy arrangement would imbue them with to the disadvantage of the Russian client parent and inevitably the baby. With the statement "one nation against another," she referenced the ongoing ethnic quarrels (Zassorin 2000; Peyrouse 2008:15), in which – in the territory of the Russian Federation - the Central Asian minorities are 'othered' as 'Eastern' and in disadvantaged social and economic conditions. Yet the surrogacy arrangement could allow the Central Asian surrogacy workers to turn the tables. Diana's allusion reveals her awareness and recognition of the discrimination against Central Asian migrants in Russia and of Central Asian surrogacy workers in particular. Calling it an "issue of attitude," she coded Central Asian surrogacy workers as a potential threat, an "insinuating danger" (Said 1995:57) to the Slavic client parents and thus disqualified them.

Summarising and comparing the accounts of how client parents, agency staff and Slavic surrogacy workers made Central Asian women the subaltern and regarded them as unqualified to become surrogacy workers in Russia, has revealed that the most widespread assumption and argument for disqualification was Central Asians' alleged sub-standard of personal hygiene. Furthermore, the assumption that all Central Asian women were Muslims and as such following religious doctrines incentivised client parents and surrogacy agency staff to attribute Central Asian women with obedience and docility, in particular towards their husbands. However, the accounts of client parents and agency staff further showed that it was disputed whether obedience was a qualifying or disqualifying trait among Central Asian women. Examining the different attitudes has shown that obedience was framed as a positive characteristic when 'in hands of the agency' and thus in the 'right' control. That is because agencies accommodated migrant surrogacy workers in supervised apartments where they were

able to control their intimate lives. In direct arrangements, where surrogacy workers most likely lived with their partners and children, this (attributed) obedience was seen to be in exclusive control of their husbands and became inconvenient, if not dangerous. In addition, one Slavic surrogacy worker contemplated that Central Asian women could pose a danger to the in-utero child of Slavic client parents when deliberately treating the pregnancy and thus the child with neglect. Garner's (2007) argument that whiteness is not only linked to someone's skin colour but is connoted with higher values applies here. 'Russianness'/'Slavicness' in this context is a synonym for 'whiteness' and regarded as possessing higher (moral) values.

8.3 The echo of ethnic stereotyping resounding in the markets in surrogacy

In the previous section, I have shown how the generally adverse attitudes towards surrogacy workers with Central Asian ethnic origins were justified among different actors in the surrogacy market. Next, I explore the responses of commercial surrogacy agencies and Slavic-identifying surrogacy workers to the ethnic stratifications in the social organisation of surrogacy in Russia and the implications they had for the surrogacy workers depending on their ethnic identity.

8.3.1 Commercial agencies: ethnically selective recruitment

As a consequence of the majority of client parents being Slavic and preferring to work with Slavic surrogacy workers, agencies in St Petersburg responded to the ethnically-marked demand by highly selective, 'supply and demand' oriented recruitment. That meant, despite Central Asian women's attributed and acclaimed fertility and obedience, agencies were highly reluctant to employ women from Central Asia.

'Happy Baby's' representative Ala explained their reasons for their rejection as follows:

> We hardly, hardly ever accept such girls [Central Asian women], because the bio[logical] parents don't want them. The parents are foremost Russians,

> European Russians[142], and they don't want 'Eastern' [women]. (…) We only take 'Eastern' girls when the bio[logical] parents ask for it, and (…) [this is only the case] when the bio[logical] parents themselves are Eastern. They prefer such girls, because among Slavic girls, rarely you find a Muslim among the Slavs. When the bio-parents are Muslims then it is critically important to them that their *surmama* is Muslim and then we are of course eager to find them one.

It appears that Russian client parents valued ethnic and cultural sameness, whereas Muslim client parents, both Russian citizens with Muslim faith as well as foreigners, chose their surrogacy worker by their religious affiliation - according to the agencies' experiences[143]. Yet, as Russian client parents were the overall majority[144], agencies, to avoid futility or inefficiency, rejected accepting Central Asian women who they described as 'non-sellers', unless specifically requested, alike in markets in human gametes (Daniels and Heidt-Forsythe, 2012; Fogg-Davis, 2001; Walther, 2014).

> [Since] the majority [of our clients] are Slavic and if we know that a girl is not taken because the *bio[logical] parents* don't take such [girls], then we simply don't waste our energy [*sila*] on getting her analysis done and preparing her for a programme. [Ala]

As outlined in chapter 4, in order for any woman to qualify as a surrogacy worker, she has to pass a thorough health examination, including blood tests and a physical examination of her reproductive organs. If a surrogacy worker was accepted by an agency and added to their database, but not matched to a client parent in due time, embryologists requested an update on their health examinations, resulting in additional costs for the agency. In the case of the Uzbek surrogacy worker Afareen, who worked for the small-scale agency 'Growing Generations', agency manager

[142] With 'European Russians' she intended to forestall any misunderstanding in my side and make sure that I understood that she spoke of ethnic Russians [*russkyi*] rather than Russian citizens [*rossiskye]*.

[143] Unfortunately it is impossible to give comparative figures as agencies did not provide such information.

[144] During the ten months of fieldwork I have only met one Sakha client couple who had come to St Petersburg all the way from Yakutsk, Sakha Republic. They had brought their own surrogacy worker with them, also a Sakha woman. The Sakha Republic (formerly referred to as Yakutsia) lies in the North East of Russia, in the Arctic and sub-arctic zone. It is one of the ten autonomous Turkic Republics within the Russian Federation and the largest. The Sakha are the largest Siberian ethnic minority in Russia (Takakura 2015).

Veronica struggled to find client parents who would accept her because of her ethnic 'otherness'. Veronica recalled:

> We waited almost for a year. I couldn't find her anybody. (…) all [bio-]parents who came here always chose other women. (…) It didn't please [the biological parents] that she was from Uzbekistan, because not all Uzbeks are… let me rephrase. [Biological parents] might find it unpleasant to work with someone from Uzbekistan.

To underline her personal approval of Afareen in light of her other remarks over Central Asians' hygienic sub-standards, Veronica pulled out the folder with Afareen's documents, including family picture, and pointed at three plus signs that she pencilled on the upper edge of the personal questionnaire and which meant to signal her strong approval. "She even doesn't have an accent, as it is usually the case with those 'Easterners'!", she added stowing the documents back into a drawer.

The experiences of Russian agencies ran contrary to the experiences of surrogacy providers in Mexico, where predominantly *guero* (white) client parents employed *mestizo* (darker-skinned) Mexican surrogacy workers. Schurr (2016:16) quotes a Mexican agency director: "As [surrogates] don't leave any genetic mark in the baby, the parents are not so concerned about their (physical) features. The only thing that matters is that they are healthy, and that they don't drink alcohol or smoke and that they have a child of their own." Even though client parents were perceived by the surrogacy workers' role in gestational arrangements merely as that of an 'incubator' and doctors repeatedly educated them on the issue, pointing out, as Dr Alexey phrased it, that 'all their doubts are psychological', Russian client parents persisted on Slavic surrogacy workers.

To summarise, because of the vast majority of Russian client parents desiring to have Russian or other Slavic surrogacy workers carrying their child, agencies adjusted their recruitment strategies accordingly. Consequentially, Central Asian surrogacy workers were unlikely to be employed by agencies, except on the rare occasions that a Central Asian and/or Muslim surrogacy worker was specifically asked for. This ethnically stratified employment scheme in turn pushed Central Asian women who wanted to become surrogacy workers to seek direct arrangements, which first often came with

lower compensation than paid to Slavic surrogacy workers, and secondly brought higher uncertainties.

8.3.2 Slavic surrogacy workers making a head start

This ethnic stratification did not go unnoticed by Slavic surrogacy workers. Aware of client parents' preference of Slavic women, Slavic surrogacy workers emphasised and foregrounded their 'Slavic' *litso,* identity, to enhance their matching chances.

"I will be your *surmamotchka* [surrogate mummy]. I am Russian. 22 years old. I was born in the Altai, but I am living in Moscow now", reads an exemplary surrogacy advertisement on Meddesk. The Altai Republic borders Kazakhstan, China and Mongolia. The 2010 Census (Federal State Statistics Service 2010) counted 34% ethnic Altai and 56% Russian. By stating her ethnic Russian identity, the originator of the advertisement anticipated client parents' eventual enquiry given the high count of ethnic non-Russian in the Altai Republic. Opening the advertisement with "I am a Russian girl, 25 years old, healthy…." or "Russian, considering temporary or full-time relocation to be your *surmama*…" was also more common in advertisements where the surrogacy worker in question did not furnish particulars about their current location of residence or home region.

When surrogacy workers advertised their services on forums, client parents had the opportunity to address questions directly to the surrogacy worker, or post them publicly underneath her post. In most circumstances, they asked if the surrogacy worker is still 'available' or had found client parents. Occasionally, especially when surrogacy workers specified their origin from localities in Russia known for ethnic diversity, client parents posted enquiries about their ethnicity. To illustrate: a surrogacy worker from the Republic of Bashkortostan received a request to state if she was 'Slavic' and replied "I am Tatar, with Slavic appearance." In another case, a surrogacy worker, who stated that she had Moldovan citizenship, equally included "Slavic features" in her post. These women attempted to associate themselves closer to the more desired category 'Slavic' than with the less desired ethnic 'other'. That accounts for the fact that racial categories are socially constructed and can be

stretched (Hudson 2015:3). Surrogacy workers' language online bore witness to how Slavic surrogacy workers (or those assimilating) sought to set themselves off against the socially constructed subaltern. Aware of Russian client parents' preferences for surrogacy workers of their ethnic kind, these Slavic surrogacy workers drew their advantages from the construct of the inferior 'Eastern other' by foregrounding their ethnic identity.

8.4 Summary of chapter

In this chapter, I have addressed the ethnic stratifications in the Russian markets in surrogacy. I have shown how they engendered the marginalisation or even exclusion of those women coded as 'black' (Central Asians) from becoming surrogacy workers for 'white' (Russian) client parents. Drawing on the conceptual framework of ethnic stratification (Marger 2015) and 'othering' (Last 2012; Schäffter 1991; Seidman 2013), I have shown how Central Asian women were often attributed as exaggeratedly different from Slavic women, on basis of their ethnicity, religion and customs. As such, they were constructed as the subaltern and disqualified to work as gestational carriers for ethnic Russian client parents, who constituted the overall majority of client parents in St Petersburg.

The main disqualifiers listed were sub-standard hygiene, religious and cultural customs unfamiliar to Russians, submissiveness and docility to their husbands (if married) and the risk of vicious intentions when working for Russian client parents. Some of the indictors for Central Asian women's 'otherness' also were contingent and negotiable. Regardless whether they were in favour of Central Asian women, Russian participants attributed Central Asian women as highly fertile, yet the attributed docility on the other hand was regarded as dangerous when not under agencies', but their husbands' control. Because of the marginalisation and agencies' reluctance to hire Central Asian women, they had to rely almost entirely on direct arrangements, which often compelled them to undersell their reproductive labour.

The manner in which Slavic surrogacy workers devalued Central Asian women and implicitly as well as explicitly commended on their own suitability (better care of the child, abstinence from sex, cleanliness) not only reflected notions of their own cultural superiority, but also remnants of the soviet imperialism, during which "Russianness was assumed (…) to be equal to [Soviet] modernity" (Slezkine 2000:231). "The Soviet multinational state was built on the assumption that non-Russians were on the whole more backward the Russians" (Slezkine 2000:229) and needed to catch up (see also Michaels 2000).[145]

Comparative with (cross-racial) surrogacy arrangements in the US and transnational surrogacy arrangements from Northern America to India and Mexico[146] where the majority of the clients were 'white' (DasGupta and DasGupta 2014; Deomampo 2013; Harrison 2014; Rudrappa 2015; Schurr 2016), the client parents in my sample were 'white'. Yet while the 'white' client parents in the (transnational) surrogacy arrangement in the USA, Mexico and India entered cross-racial arrangements to reproduce their 'whiteness' (Harrison 2016), my findings in Russia show diverging dynamics of ethnic stratifications. Instead of 'white' Russian client parents deploying the reproductive services of 'black' Central Asian surrogacy workers, Central Asian women were marginalised or even excluded from becoming surrogacy workers on basis of their ethnicity and negative associations therewith. Derogatively referred to as 'Eastern girls' [*vostotchnye devotchki*] or 'Tajiks', Central Asian women became a monolithic, undesired group to employ as workers for Russian client parents, which make the majority of clients in Russia. This exclusion of Central Asians' subaltern bodies expands our understanding of how 'whiteness' is reproduced in ART (Speier 2016). Instead of reproducing 'white bodies' through the purchase of white gametes and the use of gestational carriers of any ethnic identity (Allen 1991; Banerjee 2014; DasGupta and Dasgupta 2014; Harrison 2016b; Daniels and Heidt-Forsythe 2012; Quiroga 2007; Speier 2016), Russian client parents' 'whiteness' is reproduced with 'white' donor gametes (when necessary) and 'white' gestational carriers exclusively.

[145] During the Soviet era, the terms *malye narody Severa* ('small peoples of the North') for the indigenous, often nomadic population and *otstalye narody* ('backward people') circulated for the non-Russian population (Martin 2001).

[146] Before commercial surrogacy was banned in India and Mexico.

9 Reflections on methodological choices, ethical challenges in recruitment and the role of emotions in this research

In this chapter, I reflect on how ethnography was the best suitable approach to data collection, ethical challenges and dilemmas in participant recruitment and how my research experiences affected me emotionally and, vice-versa, how my personal emotions impacted my research endeavours. Finally, I account for how I sought to live up to the feminist demand to make the research mutually beneficial.

9.1 Choice of methodology

I chose the ethnographic approach, because it best enabled me to study the social organisation of commercial surrogacy, the roles and relationships of the involved actors and the experiences of surrogacy workers in particular. Reflecting on what made the ethnographic approach most suitable, I discuss the strengths and limitations of ethnography and what could have been different with a different methodological approach. Next, I account for gaps in my data.

9.1.1 Strengths and limitations of the ethnographic approach

One of the main strengths of the ethnographic approach is the prolonged on-site research and first-hand participation in the studied social phenomenon. This allowed me deeper understanding of the social organisation of surrogacy, and inherent hierarchies and (power) relationships. This in turn was crucial for adapting my recruitment strategies and facilitated growing rapport with research participants. Once participants felt comfortable with me as a researcher, they began sharing intimate insights into their surrogacy experiences, in the form of interviews as well as informal conversations, which one-time interviews might have missed. The prolonged on-site research further enabled me to follow surrogacy workers' and client parents' 'surrogacy journeys' and witness their emotional rollercoaster rides first-hand. These

emotions affected me as well, and following the feminist approach to ethnographic research, I used my own emotions as a source of knowledge by subjecting them to self-reflection (see 9.3 for a more in-depths discussion). Applying the multi-method approach of ethnography, I collected my data via diverse, situation-suited methods, including semi-structures interviews, conversations, (participant) observations and secondary sources (online sources, print material). Collecting subjective, personal narratives and experiences from all four participant groups (surrogacy workers, client parents, agency staff and medical staff) and juxtaposing them amongst each other as well as with data collected via other methods (observations and online data) allowed me to achieve method and data triangulation, and therefore to achieve rigour and trustworthiness of my data (Bryman 2012:379).

The relatively small participant sample (33 surrogacy workers, 11 client parents, 9 agency staff, 11 medical staff and 23 surrogacy arrangements in total) is both a strength and weakness of the ethnography approach. It limits the study's generalizability on the one hand, but it allows the researcher to engage more with individual participants to build the necessary trust and rapport. And because of its approach of going in-depth with a small sample, the ethnographic approach is highly suitable for a topic where recruitment is difficult. Furthermore, it is not representativeness that is the goal of ethnographic research, but, in line with my aim, ethnographic research "[identifies] patterns and variations in relationships" (Emerson et al. 1995:162).

It is possible that the relatively high participation demand via interviews and/or observations has deterred potential participants who saw the commitment as too high or the research objectives as too intimate. More people might have consented to a less time demanding and more anonymous study, such as a survey, focus group or one-time interviews. However, reviewing the literature has shown how little insight into surrogacy workers' experiences was gained from such research design despite higher participant numbers. Focus groups would likely have failed as surrogacy workers and client parents preferred no direct peer exchange to safeguard confidentiality. On top of that, participant recruitment would still have been difficult, as one of the main

difficulties of recruitment was locating participants. Alternative methods of data collection would not have changed that.

I therefore contend that the ethnographic approach was the most suitable to conduct research with a relative small sample. The approach to engage with surrogacy workers, client parents, and medical and agency staff over a prolonged period resulted in detailed, rich and in-depth data and allowed me to explore the motivations for people's choices and actions.

9.1.2 Gaps in data

In retrospect, I identify four gaps in my data, based on difficulties in participant recruitment and gaining access guarded knowledge over illicit practices. One missing group of actors are surrogacy workers' partners and client fathers as partners to client mothers. With one exception, all five client mothers attended their surrogacy appointments on their own and either did not try or did not succeed in partner recruitment. Most surrogacy workers were commuter or migrants. Their partners therefore did not live locally and none of the locally living partners was interested. Therefore, I could only find out about men in their role as partners from the women in my research. The absence of men as actors in the field of reproduction is well established (Culley et al. 2013; Speier 2016; Teman 2010).

Another limitation is the limited observational data on interactions between agency staff and surrogacy workers, such as how agencies select and instruct candidates, and on daily interactions during the pregnancy and postpartum. Agencies collaborated only reluctantly and therefore my observational data on agency staff and surrogacy workers interaction consists of occasional observations. Triangulating the occasional observations with interview data suggests that the study may have benefitted from a better negotiation of access to agencies and their premises, yet without compromising the researcher's impartiality and principal of non-exploitation for richer data on the agencies' 'backstage' behaviour. Linked with the limited access was the small sample

size[147] of client parents who implemented their arrangement with the help of an agency. According to agency statements, the majority of their clients preferred anonymity and non-communication with their surrogacy workers and this research may have benefitted from the personal accounts of such client parents.

The third gap in recruitment concerns the marginalised population of Central Asian women, working or intending to work as surrogacy workers. The study may have benefitted from their personal accounts to understand *their* experience and awareness of ethnic stratification as opposed to the accounts by surrogacy agency staff, and Slavic client parents and surrogacy workers that was collected in this study.

Finally, there were mentions of illicit practices, such as pre-implantation embryonic sex selection for social reasons. These were difficult to investigate. Agencies and fertility clinics obviously did not volunteer insights into own illicit practices, and for the ethical considerations to not worry the surrogacy workers, I did not openly address these, but used data and source triangulation to detect such occurrences. It is therefore difficult to gauge representativeness of the illicit cases I discovered, yet their occurrences suggest the lead to be followed.

9.2 Ethical challenges in recruitment through gatekeepers

Sound ethical research treats all participants equally. Yet power inequalities among participants that advantage some on the costs of others challenge this ethical paradigm. Therefore, as much as "paying attention to power differentials (…) should guide methodological choice" (Davis and Craven 2016:84), it should guide ethical choices. Consequentially, if the researcher's neutrality and equal treatment risks reinforcing inequality, it is necessary to re-think the boundaries of what demarcates sound ethical research and situate ethical conduct within the given situation (Usher, 2000). Participant recruitment was one of the most ethically challenging experiences of my research and to avoid harm to participants, I had to adapt my pre-approved

[147] Two client parents in my sample worked with agencies. I recruited both of them – one single father and one client mother (who was acting without the knowledge of her husband who was working abroad at the time of her surrogacy involvement) with the help of doctors as gatekeepers.

recruitment strategies. Below, I discuss three cases where surrogacy workers' consent to voluntary and informed participation was threatened, and my choices to protect surrogacy workers' interests were compromised. The decisions made in the cases presented below guided my entire research.

9.2.1 Whose authority is it to decide participation?

9.2.1.1 The case of medical gatekeepers

In chapter 3, I outlined my recruitment strategy with medical gatekeepers. In short, doctors notified me ahead of appointments with surrogacy workers, informed the surrogacy worker about my research in my absence, yet while present on the premises, and if the surrogacy worker agreed to meet me, I was introduced.

More than half of the surrogacy workers who agreed to meet me opted against participation once I had informed them about my research myself. At first, I explained this myself as caused by the sensitivity of surrogacy. Once I had become more familiar with my research field and its dynamics, I began to suspect additional underlying causes. I wondered whether it was the surrogacy workers' rank at the bottom of the hierarchy, considered a worker for the client parents and/or agency, once literally called a 'working horse' [*rabotchaya loshad'*] by senior medical staff, their gender and younger age, and their weaker socio-economic status that brought them to comply with the doctors' request to meet me and participate in my research. I don't believe this coercion was intended by the doctors. Instead, I believe it to be the result of intersecting structures of age and gender within a hectic clinic routine and gatekeepers' lack of awareness not of hierarchies, but their impact on surrogacy workers' decision-making. My offer to the surrogacy workers in question to reassess my offer of participation allowed them to drop out without fearing negative consequences as I promised to keep their participation confidential. My first step to address this issue was to instruct my gatekeepers to emphasise the voluntariness of participation in particular. When I perceived no change, I no longer requested gatekeeping. This shows that when recruiting participants through gatekeepers, it is not enough to develop a protocol that ensures ethical conduct. It is adamant that the

researcher enforces the protocol or abandons this recruitment route if it compromises the informed and voluntary consent of research participants. While my decision significantly lowered my recruitment opportunities, it ensured that those recruited gave truly voluntary and informed consent.

9.2.1.2 The case of the agency gatekeeper

To recruit participants, I also approached agency managers and contacted individuals who shared their contact details on surrogacy-related online sites. Surrogacy worker Gabriela was one of the participants I recruited online by responding to her advertisement. We communicated digitally over a few weeks, until our first meeting took place. On our third meeting, we recorded the first interview. There she revealed that she had changed her initial strategy from searching for a direct arrangement and signed a contract with the agency 'Conceive'. However, during the weeks that elapsed as we exchanged emails and phone calls, I had also contacted this agency, whose manager, after an initially friendly reception, unexpectedly changed her mind and announced my research and any interaction with their surrogacy workers and client parents as 'utterly unwelcome'. I informed Gabriela about this, yet as Gabriela had already had bad experiences with 'Conceive', she wanted to continue participation and not be silenced. Together we agreed to go ahead and keep our collaboration confidential. Adhering to my initially proposed and approved ethical conduct would have meant desisting from listening to and recording Gabriela's account for the sake of the agency and thus benefitting the agency in not allowing dubious practise to be denounced which could potentially increase the awareness of other women seeking to be surrogacy workers. By going ahead, Gabriela and I challenged the agreed ethics as well as the deep-rooted power inequalities in the market in surrogacy that disempower surrogacy workers, silence critique and protect the status quo.

Empowerment of research participants was a cornerstone of my epistemological approach of conducting a feminist informed ethnography (Davis and Craven 2016; Watts 2006). Hence, I regard my approach of letting Gabriela decide whether she participated to be the most ethical option. The alternative of obtaining consent from

the powerful and, when it was not given, withdrawing from the research to avoid disturbing the status quo would mean endorsing their power to sanction and control (Bourgois 1990:45). Inspired by feminist standpoint epistemology, I regard it necessary to challenge oppression in order to further the cause of empowerment (Brooks and Hesse-Biber 2007:4), especially when prompted by research participants to do so. Sluka (2012:302) in tackling the question of authority and permission-seeking, rhetorically asks, "Do we need the consent of repressive authorities in order to do research with those oppressed by them?" When conducting a feminist-inspired ethnography, the answer is no. Yet in doing so, I was careful to fully protect the agency's right to anonymity and confidentiality.

9.2.2 Participants offered for favours

The agency 'Promise', a newcomer on the St Petersburg surrogacy market, initially offered gatekeeping, but never proceeded to do so. A few months into my research, when the first international client expressed interest in a surrogacy arrangement, the manager approached me with the offer to work as their international representative. The offer included the permission to use employee insights for my research[148]. The manager was particularly vocal in pointing out that my potential employee status would provide me with the authority to obtain information and make inquiries without seeking surrogacy workers' consent. "This is the work you have asked us for! You could ask anything you want and even earn money for it! Pleasantly-useful [*Priyatno-polezno]* – that's what we call it in Russian!" the manager commented about his offer. Not interested in 'buying access' and querying the volition of such recruited 'participants', I turned down the offer and ceased my request for gatekeeping.

[148] The offer did not include a work visa, but I was expected to work 'flexibly' on my student exchange visa.

9.3 Emotions 'in the field'

Positivist research paradigms reject emotions in research as distortion (Jaggar 1989:151). Feminist qualitative researchers on the contrary argue for the acknowledgment of the importance of emotions in the production of knowledge as they add to understanding, analysis and interpretation (Holland 2007; Jaggar 1989; Watts 2008). They further argue for researchers' reflexivity to make emotional experiences and data collection accountable, because emotions are inevitable in qualitative research and "When researchers act without awareness of their own emotions and the emotional labor they perform in the field, they will be more influenced by their emotions rather than less" (Hoffmann 2007:322). Hoffmann points at the researcher's emotion work, defined by Hochschild (1979) as one's efforts to change emotions in degree or quality towards inside, thus managing our own emotions as triggered by what we see, hear, feel, perceive, smell and see when we conduct research. She further points at the researcher's emotional labour, "the management of feeling to create a publicly observable facial and bodily display" (Hochschild 2003:7), thus the labour researchers perform when engaging with research participants. In this section, I discuss my personal emotional journey through my research on commercial surrogacy, of learning and applying self-care and how working with emotions was a significant research tool that made my research more robust and credible rather than undermining it.

9.3.1 Venting frustration and applying self-care

Emotion diary fieldnotes, 14th of October 2014

> "It's exhausting, the 'no'-saying. 'No!' here, 'No.' there… all those shades of 'no': 'Ne chotchet [she doesn't want to]' – 'Nel'zya [you're not allowed]' – 'Ne vozmozhno [not possible]' - or my [attention: irony!] favorite: laughing at me and hanging up the phone. That is pretty obviously also a 'no' – though I would rather have had a more considerate 'no' than being laughed at.

> Knocking on doors all over again is exhausting, investing energy and hope, keeping a positive attitude and a smile – even when all I get are sour looks (…) swallowing up disappointment yet again. I have to keep smiling, and stay friendly and polite when my conversation counterpart is neither friendly, nor polite nor even trying.
> The uncertainty of success, or reward, is exhausting. Do those who say yes really mean it? And how long will their promise last? Every unanswered phone call triggers the thought they have had enough – but often they were just busy. My feelings veer toward apprehension – and I turn it into pressure to perform better.
> I cannot show my frustration – neither to the representatives of the agencies I approach or to the receptionists of clinics if I want to get access and get through to a doctor with actual authority.
> I feel I cannot show it – so I don't allow myself to show it! Not even to my friends."

This emotional record of frustration and exhaustion opened my emotion diary three months into my fieldwork. My energies drained, the immersion not only into surrogacy but also into Russian challenging[149], and as winter approached, sunlight dwindled. Even though not getting access or getting access granted and then revoked, agreeing to an interview but then not answering my call or not coming without notice, were unrelated, they were cumulative and I struggled to not perceive them as professional or even personal failures.

In the first weeks of research, I was benefitting from revived social networks and in the first rush of excitement of conducting fieldwork again, paying attention to my emotions did not yet seem important. When I started interviewing, transcribing and translating, and writing ethnographic fieldnotes, I missed allotting time for these 'emotional notes'. My days were busy and, returning home late, I wanted and needed 'time off'. Unintentionally, because I was negligent in cultivating a functioning and supportive habit of writing down emotions, I employed the opposite strategy from the one I intended: instead of engaging with my personal feelings towards 'my field' or specific characters within it, especially the unpleasant or unwanted, I shoved them aside.

[149] Besides Russian, I was also constantly using Dutch as the working language at the Netherlands Institute (my desk work space), English for recording my fieldnotes, Romanian for communicating with the Moldovan surrogacy workers, and German (my native language) when speaking with family back home.

After almost three months of fieldwork, I experienced a key moment[150] that helped dissolve the blockage that I had erected inside and profoundly changed that attitude. This led to me starting a personal emotion diary with the very notes I quote above.

I began to record the numerous feelings triggered by my research: anger over the structural power imbalance to the disadvantage of the surrogacy workers; sadness and worries over (threats of) miscarriages; anxiety over not doing enough; joy over 'all-clear signals' that pregnancy is no longer at risk, as well as successful births; guilt for not knowing how to reciprocate more. Yet, while I was beginning to work with the emotions that the conversations and observations with participants triggered – I still had to learn a healthy way to engage with them. Although the initial step of recording them was a way to vent frustration, it also meant longer 'work hours' to accommodate the additional note taking.

In addition, the dynamics of the field were unpredictable, which made my own planning – including 'time off' - a venture in vain. Appointments with surrogacy workers could not be planned more than a few days in advance, and even when planned I could only be sure that they would happen when I saw her in person. With surrogacy workers, all kinds of eventualities came up that postponed or ruled out their attending an interview; the major ones included hospitalisation and miscarriages. Regularly, gatekeepers notified me of an appointment with only an hour's notice. Agency staff in turn – possibly as a way to consciously demonstrate their power and maintain a hierarchical setting – allowed themselves to cancel at the last minute, come

[150] The trigger for me to finally engage with my frustrations was a late evening walk with my friend Petra after a long day filled with interviewing and writing up respective fieldnotes. I had been working at the Dutch Institute. As we went the same way home, we left together when we could and conversed in German for a change. That day, however, Petra said she was tired and her brain would not produce any German. Though I offered to stick to Dutch, we trod along in silence for a while, tucking our necks tightly between pulled up shoulders to keep warm and listening to the rhythmic crunching of gravel under our shoes as we crossed the park. Then Petra recommenced our conversation – in English. "Don't you feel just knackered sometimes as well?" With a huge sigh of relief, I answered, "Yes!"
Often I had been asked the well-intended question, Is your research progressing well?" I usually confirmed that it was, even when I was in the mood to complain. But since I consciously chose Russia, the topic, and its inherent difficulties, I constrained myself to not complain or show weakness.
It was Petra's readiness to share her weakness and her invitation to share mine that marked the turning point. The rest of the way to the metro station, the minutes down the escalator and until the metro train stopped at my station, I poured out my frustrations and ranted on, about all the things and people that ticked me off, and about how weary the incessant rejections made me feel. And when I got home, I started writing about it.

late, leave earlier or interrupt interviews by taking one phone call after another.[151] To accommodate the unpredictability, I made myself available at all times, which put pressure and stress on me.

By the end of November, I had (emotionally) overworked myself. The emotions I had accumulated began to have physical impact on me, in form of sleeplessness, physical exhaustion, suddenly being overcome by feelings of immense sadness and (for a week) unpredictable and unpreventable moments of crying, loss of appetite and feeling leaden, as if every move demanded an effort. My body finally forced me to acknowledge what my mind had stubbornly ignored. My energies drained, I experienced what Everhart (1977:13) calls "fieldwork fatigue."

Cooper and Rogers (2015:5.5) remind us that caring research means not only caring for the research participants, but also for oneself. The same week as I experienced the uncontrollable crying, I left St Petersburg on my own to take a half-day trip to Kavgolovo Lake (see appendix 12), situated a few miles north of the city. Walking over its frozen surface under a grey, misty sky, there was no sound but the whisper of the wind sweeping soft layers of powered snow. Here, at -10°, and with the hunched figures of ice fishers at the horizon, my loneliness felt palpable. Confronting the reality that I had not told anybody where I had gone, I realised that it was nobody else's responsibility but mine to take care of myself in such conditions and return safely. That thought energised me. By finally fully acknowledging not only the need of, but also entitlement to self-care, I began to tackle it. Physical self-care and coping strategies meant accepting an increased need for sleep, good food, regular visits to the *banya (*Russian steam sauna) and lots of yoga. In addition, I decided to take the risk of missing an opportunity for an interview to gain the advantage the research sites of leaving for a day or a few and return rested and with new drive and ideas. Emotional self-care involved positively censoring whom I talked to about the challenges this fieldwork posed to me. Tired of justifying why I 'put myself through this' or why 'it concerned/affected me', I shared my emotional response only with those who offered support and encouragement, and who I knew would not worry about me or doubt my

[151] In one particular incident, an agency manager transacted an egg donation arrangement in the half hour she had allotted to me after weeks of negotiations for the interview appointment.

abilities to emerge from this 'trial': local friends, friends far away and my supervisors. That helped me to get over the feelings of shame over 'failing' 'professionalism' and to acknowledge my emotional response as an integral part of a research project that comprised hopes and desperation, risky pregnancies, miscarriages, inherent power inequalities and power abuse, challenges to my personal values through racist, sexist and homophobic narratives, compassion, confusion and empathy. In addition, I continued recording, observing and reflecting on my emotional responses.

9.3.2 Accounting for the role of emotions in the production of knowledge

A common, strong argument against the use of emotion and bringing the researcher's subjectivity into the research, analysis and presentation of knowledge, is the potential of bias (Campbell and Wasco 2000). However, I contend that engaging with my emotions significantly prevented bias in my research. Acknowledging personal struggles caused by distress, anger, sorrow, frustration or apprehension about a situation and understanding their genesis, enabled me to build up resilience and face situations that could cause such emotions afresh[152] instead of stepping back and thus applying a self-censorship onto my research. Furthermore engaging with emotions triggered by this research, feeling empathy with participants, feeling frustration and anger over power inequalities, power abuses and mistreatment, feeling excitement and grief, as well as suspicion, also guided me to additional questions. As Jaggar (1988:169) demands, recognising the potential of emotions means "[attending to discordant emotions] seriously and respectfully." One such example was the interview with surrogacy worker Mila (chapter 5), when I *sensed* a dissonance between what she said and what her meta-communication expressed. As Ahmed (2017:22) writes, "a sensation is not an organized or intentional response to something. And that is why sensation matters: you are left with an impression that is not clear or distinct." In this situation as in many others, I was left with an impression of being at the verge of a discovery of a new lead, a new question or an insight that would take me nearer to

[152] Such as attending further appointments for pregnancies that were classed as being at a high risk of ending in miscarriage or discussing such experiences in interviews.

getting a complete picture. Such experiences proved that emotions are a critical and valuable tool in empirical research: far from undermining the credibility, engaging with my emotions, reflecting upon causes and causalities, and using them as a research tool made my research more robust.

9.4 Reciprocity

Reciprocity, along with equality, engagement, empathy, activism and empowerment, is a core value of feminist research (Huisman 2008; Davis and Craven 2016:114). Yet while these values should be fundamental, we continue to struggle to live up to these principles, and Judith Stacey's (1988) question, "Can there be a feminist ethnography?" therefore remains as topical today as it was as three decades ago. In this section, I reflect on selected experiences and struggles, how I sought to live up to my aspirations to make my research reciprocal and non-exploitative.

9.4.1 Requests for (medical) advice

Even though I made it clear when introducing myself to research participants that I trained as an anthropologist with an interest in medical anthropology and did *not* have a *medical* background, many surrogacy workers turned to me with questions of a medical nature, expecting advice and guidance. A common question regarded advice when experiencing spotting[153] in the first trimester of the pregnancy. In such cases, I always advised the women to contact their doctors and agencies or client parents.

Over time, I realised that, especially in cases where surrogacy workers worked with agencies, asking my advice about medical problems was less to seek medical advice – even if the initial questions were framed as such – and much more about being able to share their worries over medical problems and solicit responses of genuine concern and interest in their overall well-being, and not just concerns about securing the

[153] Spotting or light bleeding is common during early pregnancy (in about 20% of cases) and when it gets heavier, can be a sign of miscarriage. Spotting is more common in IVF pregnancies than in spontaneous pregnancies (De Sutter et al., 2006). Surrogacy workers' dosage of hormones was increased when they started spotting, in order to prevent miscarriage.

pregnancy. However regarding medical concerns and being able to share experiences and coping strategies with peers, a few months into my research I was able to connect women with previous experience to women who struggled at that point in the pregnancy. In such cases, I always made sure that the women in question agreed to share their details. Thus, one way of giving back was to be a sympathetic listener and help women to find peer support.

9.4.2 Requests for mediation

Another common request by surrogacy workers was for me to help them in their search for client parents; less frequently, IVF specialists in smaller clinics asked for my help in finding surrogacy workers for their client parents. Surrogacy worker Anyuta for instance requested, “By your description you seem to have many acquaintances and a wide circle of contacts. I would be grateful if you could suggest me to your acquaintances who are searching for a surrogate mother.” Considering it inconsistent with my research ethics, and especially wishing to avoid the dilemma of mediating for some women and not for others, I stepped back from such requests immediately.

9.4.3 Complexity of collaboration: sharing knowledge, giving warning cries?

Huisman (2008) draws attention to the ethical dilemma that qualitative research, even when conceptualised as a feminist research project with a researcher seeking to be reciprocal and non-exploitative, remains hierarchical and exploitative. It ends with “the researcher usually [gaining] more than the subject” (Huisman 2008:389). Feminist researchers addressed this issues via different strategies, including inviting the interview partner to ask questions in return (Cooper and Rogers 2015) and involving research participants in the research design (Huisman 2008). In my experience, both approaches were difficult to implement, as the response among surrogacy workers

and client parents was low. The majority saw me as an authority[154] and had little interest in posing questions or suggesting a course of inquiry.

Collating the subjective experiences and information from agency staff, client parents and surrogacy workers revealed numerous inconsistencies in the agencies' conduct and double ethical standard towards surrogacy workers. In short, I could see a general trading in of surrogacy workers' rights for enhancing customer (client parents) satisfaction. The more I learned about this, the more pressing became the question: Do I share or withhold my insights from the surrogacy workers? The ethical dilemma I faced hinged on timing: I met all agency surrogacy workers through the gatekeepers in fertility clinics[155] and thus after contracts were signed. I did not want to unnecessarily or wrongly distress them: on the one hand, as a warning, such information would have come too late and a breach of contract would always end in a high fine, while on the other hand, not all surrogacy workers had bad experiences and it was equally likely that they would be just fine. However, not all of them were 'just fine.' Unfortunately, nothing in this situation would have changed had I told them.

9.4.4 "The sorrow of parting"

Especially for surrogacy workers and client parents who I met regularly, I became a point of reference and a confidante.

For surrogacy worker Olesya, for instance, my consistent presence at medical appointments not only became part of her routine, but also supported her. In one instance when my presence at an appointment was not possible, she insisted on my presence at the next appointment, closing with the words "With you it will be more cheerful and less terrifying." It is possible that my role as a researcher gave her reassurance of doctors' righteous conduct, or that I would be able to spot and notify her of activities that I found dubious. Comments like Olesya's reassured me that my research interested them and close investigation into their intimate experiences was

[154] To clarify: an authority in conducting research, not an authority in the sense of standing in relation to agencies and medical authorities.

[155] Gabriela is an exception to this rule.

not considered a burden, but appreciated. But as my stay inevitably had to come to an end, it was crucial to prepare participants for my departure and announce it well in advance (Hammersley and Atkinson 2007:94ff). I began announcing my approaching departure two months prior and asked my participants how they wanted to go about exchanging contacts in the future, after my departure. I offered, once having left Russia, to sever all ties, delete their contacts, and de-friend from VKontakte. Offering such radical measures was a sensitive moment, as I did not want to offend my participants or give the impression that I was no longer be interested in them once I had sufficient data. Therefore, I strongly emphasised my intentions to respect their privacy, so that they, if they wanted and intended that, could know that chapter of their life had concluded and not to expect a call in the future.

Nadezhda, whose surrogacy worker Ilya was expected to give birth two months after my departure, was shocked by my offer. “But wouldn’t that be so offensive for you?! To follow me for so long and then not know the results?!” She exclaimed and explained that she did not mind staying in touch, and if she had the means, it would be her pleasure to continue answering questions that might arise. Then she added that knowing that I felt, feared and worried alongside her throughout the process gave her support. I felt happy, grateful and relieved at her words. Evans-Pritchard (1951:79) maintained that if “the natives” and the anthropologist do not experience “the sorrow of parting,” the anthropologist has failed.

In today’s interconnected world, leaving ‘the field’ is no longer the final parting it used to be. Participants continued to be my ‘friends’[156] on VKontakte and stayed connected on Skype.[157] However, because of this interconnectedness, the question arises when and where to draw a line between data collection and genuine interest and care. I decided to draw the line exactly there, at my departure, and appreciated every message of good news from previous participants about successful surrogacy

[156] I prefer to set the term “friends” in quotation marks as a personal stance towards the phenomenon of Facebook/VKontakte friendships. Some encounters with research participants have developed into friendships; others were meaningful collaborations. Being ‘friends’ is a way to have this social network connection while concealing the background to the ‘friendship’.

[157] Only a few have dispersed and deleted their temporary surrogacy-VKontakte profile or email addresses and become untraceable.

outcomes or resolved financial issues. These ongoing messages also confirmed that my participants appreciated my research and felt dedicated to complete my record of their stories.

9.5 Summary

In this reflective chapter, I have shown that the ethnographic approach has been the most suitable as it enabled me to get in-depth insight despite as much as because of working with a relatively small sample. The ethnographic approach means spending a prolonged period 'in the field', which facilitates the researcher's immersion in the studied subject and establishing rapport with research participants. Moreover, the intrinsic method and data triangulation makes the research trustworthy and rigorous.

Next, I have reflected on ethical challenges in participant recruitment. While a sound ethical framework and recruitment protocol prior to research beginning is important, it is equally important to adjust them to the demands of real-life situations (Estalella and Ardèvol 2007). Social phenomena do not exist in power vacuums and researchers' neutrality may even comply with and reinforce inequality. To address this, I decided to side with the more vulnerable research participants and make their well-being and choices paramount over more privileged participants, however without harming the latter.

The deep immersion in the field that ethnographic method builds on and the sensitivity of the research topic make strong emotional experiences inevitable. I have shown the acknowledgment and engagement with emotions triggered by research play a crucial in producing knowledge as they reflect one aspect of human knowing (Jaggar 1988:171-172). The more aware and reflective we as researchers are, the deeper we can come to understanding what we research. At the same time, my personal research journey has shown me that we cannot avoid emotions when conducting sensitive research. If we do not work with them, they work on us.

Finally, in this chapter I have reflected on my attempts to make my research reciprocal. Reciprocity is not easy. While I was able to connect research participants who asked to

be able to speak to others with similar experiences for advice, I also had to refuse requests for reciprocity, in particular mediating surrogacy workers. In another instance I felt I wanted to warn women of the potential risks of having their rights infringed when working with commercial surrogacy agencies, but faced the dilemma that I met surrogacy workers who worked with agencies only after they had signed such contracts. As I did not want to cause unfounded distress and had no solution to offer in case of infringements of rights, I desisted from pointing out the potential risks. Lastly, the circumstance that various surrogacy workers and client parents unbid updated me on their successful surrogacy arrangement completion after I left St Petersburg, confirms their satisfaction and appreciation of my research, and the positive impression it has left for them.

10 Conclusions and recommendations

In this thesis I have shown that surrogacy in Russia is culturally framed as an economic exchange. The Russian cultural framing sets the practice of commercial surrogacy apart from the US-American and Israeli approach, where surrogacy is framed as a 'gift' or a 'labour of love' (Berend 2016b; Jacobson 2016a; Ragoné 1994; Teman 2010), and the Indian framing of surrogacy as surrogate mothers' 'sacrifice' (Rudrappa 2015). The surrogacy workers, the client parents, the agency staff and medical professionals in my sample embedded their actions within the understanding that surrogacy arrangements were business arrangements. To use Ortner's terms (2006:130), the cultural framing of surrogacy as a business arrangement provided the social field and ground rules within which the 'serious players' of surrogacy played their 'serious games'. Making sense of and implementing surrogacy arrangements as an economic exchange gave rise to and reinforced stratifications between the diverse actors: the surrogacy workers, the client parents, the agency staff and the medical staff. Drawing and expanding on, and thereby advancing Colen's (1995) theoretical framework of stratified reproduction, I identified the following five dimensions of surrogacy workers' stratified reproduction: (1) biological, (2) social, (3) geographic, (4) geo-political and (5) ethnic. These dimensions of stratified reproduction intersect. Russia's social organisation and the cultural framing of surrogacy as a business transaction also deeply permeated the social relationships in surrogacy arrangements, especially between surrogacy workers and client parents. Rather than aspiring towards a lasting relationship beyond the commercial exchange, surrogacy workers in Russia expected the nature of the eventual relationship between themselves and the client parents to be transient.

In this concluding chapter, I synthesise my empirical findings, analyses and arguments, and give recommendations for future research. I first show how I utilised, expanded and thus advanced Colen's (1995) framework of stratified reproduction to identify five intersecting dimensions of stratified reproduction as experienced by surrogacy workers in Russia. I show how these stratifications emerged from the cultural understanding of surrogacy as an economic transaction. Next I show how this economic framing of

surrogacy induced surrogacy workers to understand surrogacy gestation as work, which influenced their relationships with client parents. Finally, I account for my methodological choice of making my own emotional responses a research tool and give recommendations for future research.

10.1 Commercial gestational surrogacy: stratified reproductive labour

Colen (1995:78) developed the theoretical framework of stratified reproduction based on her ethnographic research on West Indian childcare workers in New York to analyse how "physical and social reproductive tasks are accomplished differentially according to inequalities that are based on hierarchies of class, race, ethnicity, gender, place in global economy, social and migration status and that are structured by social, economic, and political forces." Since Colen's pioneering work, researchers have expanded on the framework of stratified reproduction, moving from physical reproduction and social reproduction to medically-assisted reproduction and queer users (Mamo and Alston-Stepnitz 2015). Researchers on surrogate motherhood (Deomampo 2016b; Pande 2014c; Rudrappa 2015; Teman 2010) have operationalised Colen's concept to guide their analysis, and with this thesis and my own operationalisations of stratified reproduction, I join their ranks. In the diagrams below, first I visualise Colen's (1995) pioneering framework (see diagram 10.1); second, I show how scholars have expanded the framework to guide not only the analysis of stratified social and physical reproduction, but also medically-assisted reproduction, newly including 'queer identity' as a marker of stratification (see diagram 10.2). Third, in diagram 10.3, I visualise my expansion of Colen's (1995) framework of stratified reproduction: I added *biological stratification, geographic stratification* and *geo-political stratification* as possible markers and structures of stratification that can add to or intersect (Crenshaw 1989) with the eight already identified markers of stratification.

Diagram 10.1 'Stratified reproduction' according to Colen (1995)

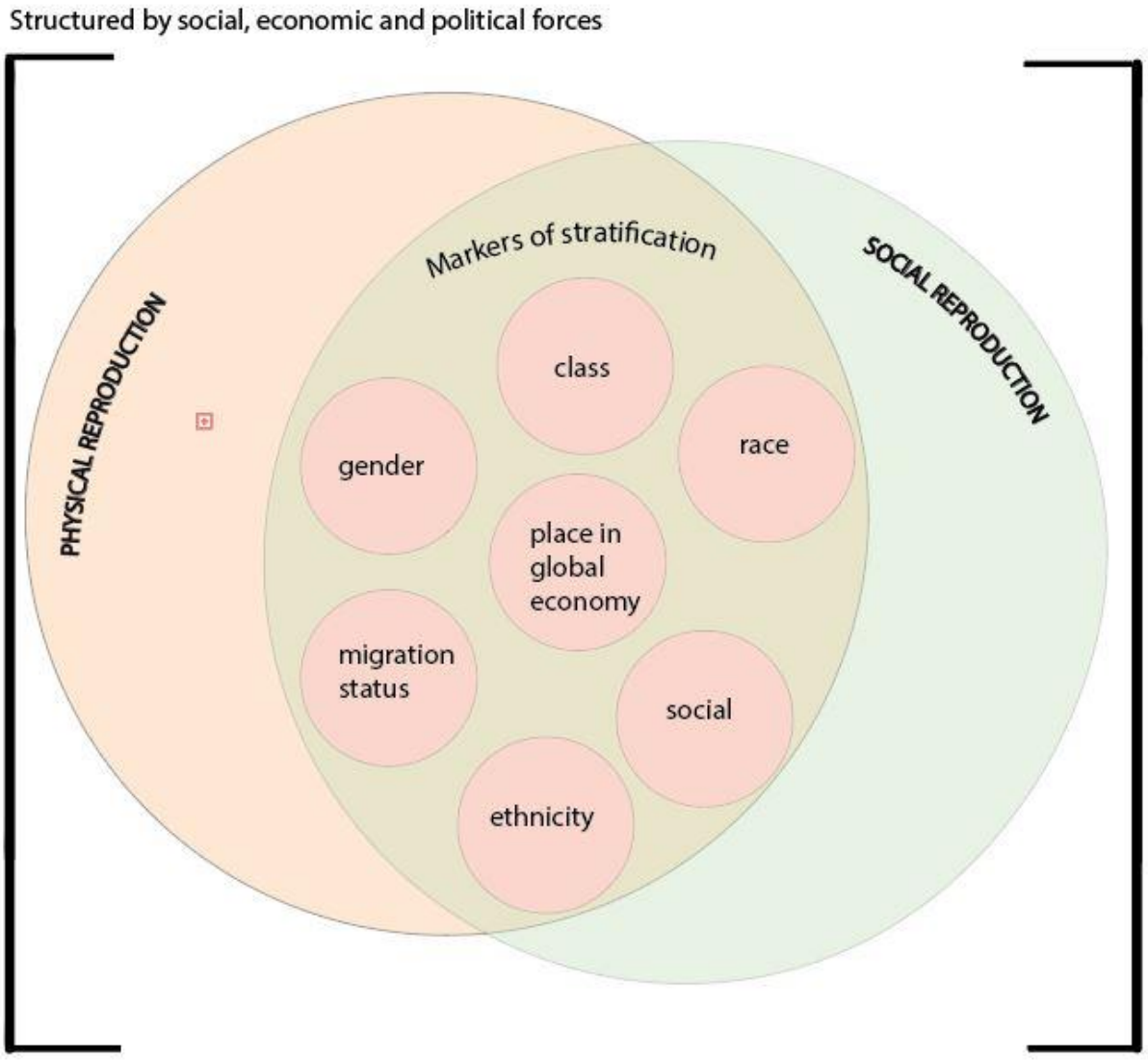


Diagram 10.2, Expansion of 'stratified reproduction' according to Colen (1995)

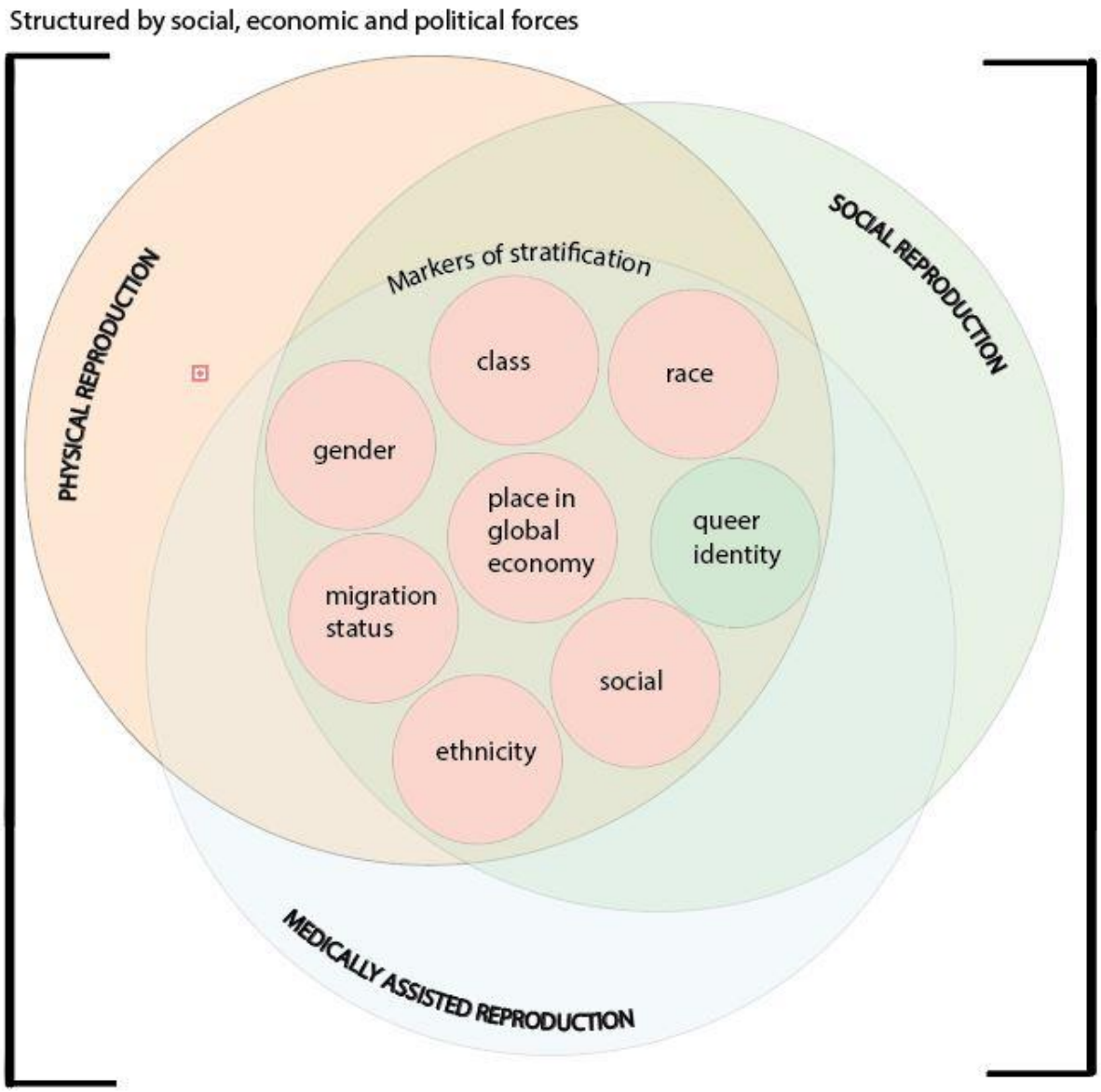
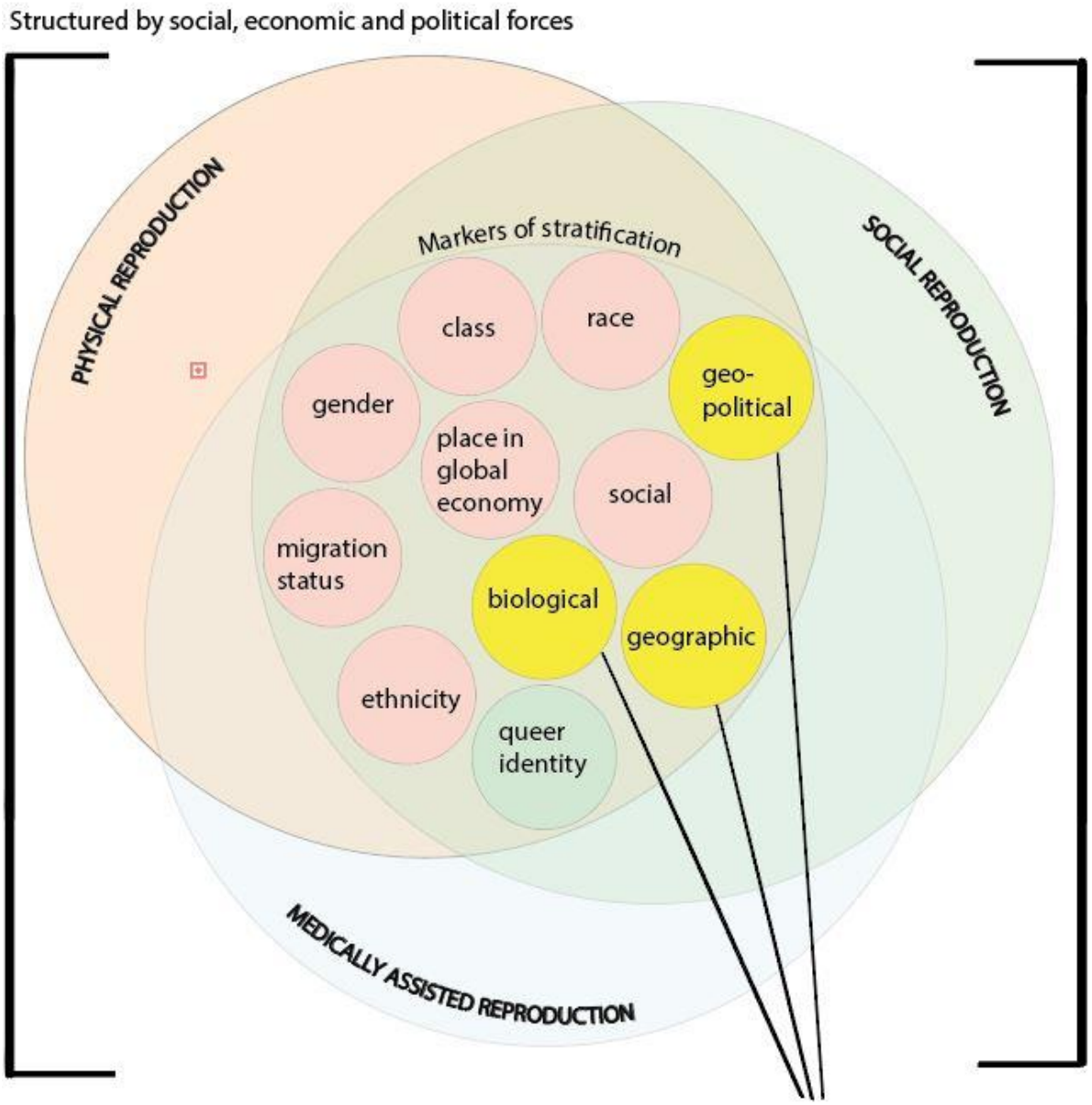
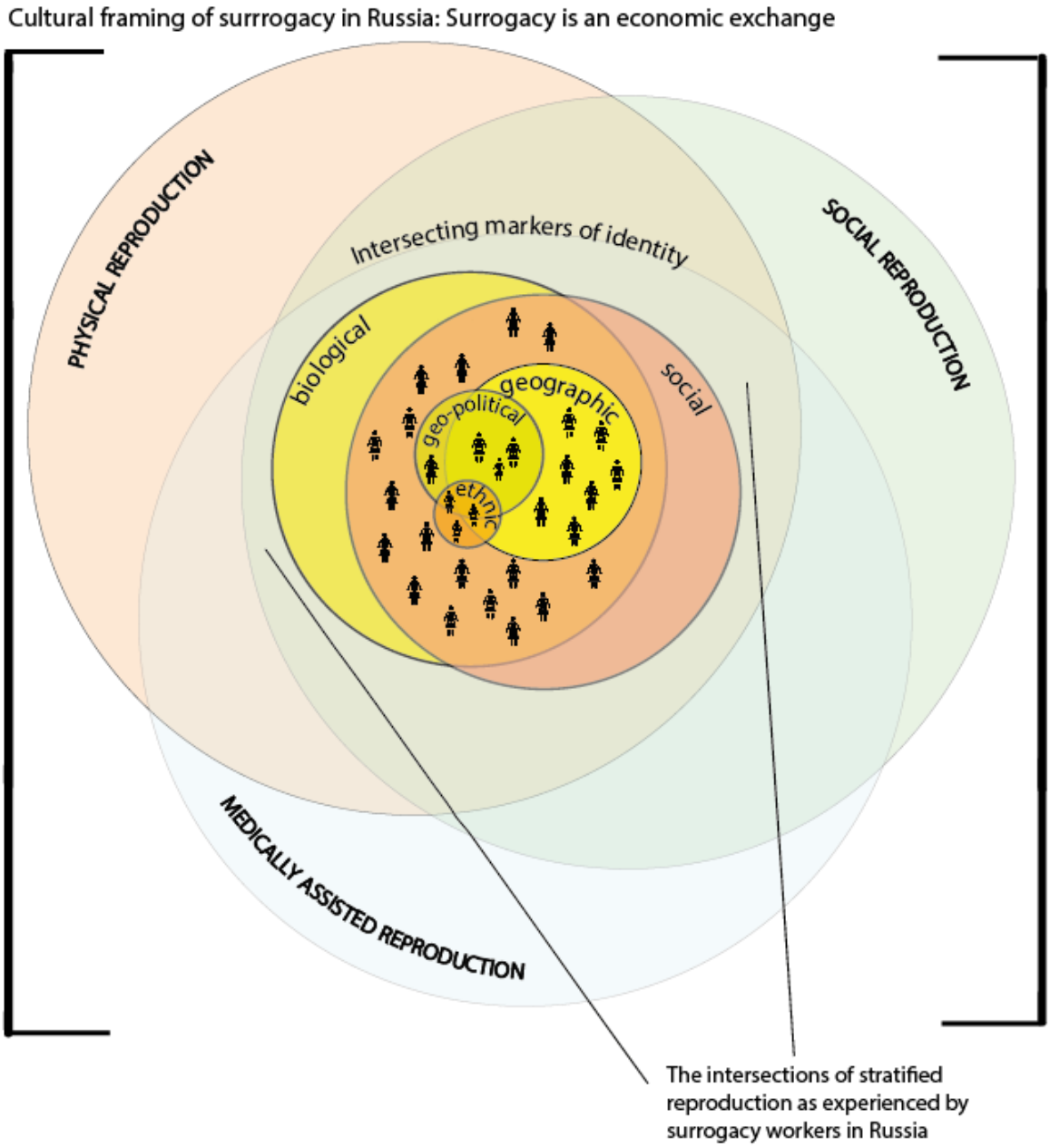


Diagram 10.3, My advancement of 'stratified reproduction' (Colen 1995)



For clarity, my conclusions on the ways surrogacy workers' reproductive labour was stratified are organised into three sub-sections. I begin with markers of reproductive stratifications experienced by all surrogacy workers: the biological and social. By performing surrogacy work, surrogacy workers' own physical reproduction (conception, gestation and giving birth to children who are genetically theirs and who they intend to raise) and social reproduction (caring for their own children) was stratified on the basis of biological differentiations (such as age, previous pregnancies and egg donation cycles) and social differentiations (such as housing conditions and employment situation) that client parents, and agency and medical staff imposed on them. From there, I move on to discuss geographic and geo-political markers of stratification, which concerned commuting and migrant surrogacy workers only, and finally, I consider ethnic stratifications, which were exclusive to (intending) surrogacy workers of non-Slavic ethnic identity. In diagram 10.4, I illustrate how the five markers of stratifications, which I identified and analysed, intersected and structured the surrogacy workers' experiences of surrogacy work.

Diagram 10.4, Stratified reproduction as experienced by the surrogacy workers in my sample



10.1.1 Biological and social stratifications of surrogacy workers' reproduction

Empirical researchers on surrogacy (Deomampo 2016b; Pande 2014c; Rudrappa 2015; Rudrappa and Collins 2015; Teman 2010) have already utilised Colen's framework to show that surrogate mothers and client parents were socially stratified, and that this social stratification negatively impacted surrogate mothers' own physical and social reproductive efforts. Teman (2010:131) argues that surrogate mothers provide 'mothering care work' but refuse and are being refused the social label 'mother' to the surrogacy children. Rudrappa and Collins (2015) argue that surrogate mothers' absence from their families compromises their ability to care for their families. Finally, Pande (2014b, 2016) and Rudrappa (2015) show how women, in their capacity as surrogate mothers, received highly medicalised as well as better prenatal care than was available to them when pregnant with their own children. However, few surrogate mothers had access to the necessary post-natal care, and many had to go unnecessary Caesarean sections to deliver on a desired date. With my analysis of Russian surrogacy arrangements, I add to these findings on stratified reproduction. I have identified two forms of biological stratification, firstly between surrogacy workers and client parents, and secondly, between surrogacy workers themselves. Next I have shown that social stratifications between surrogacy workers and client parents intersected with and thus reinforced these biological stratifications. These two intersecting structures of stratification related to all surrogacy workers in my sample (see diagram 10.4).

Surrogacy workers are fertile, healthy women with children of their own. In chapter 6, I have argued that their reproductive capital (Hudson 2008), which I defined as uncompromised fertility, being in possession of viable and healthy gametes and the ability to conceive, gestate, birth and breastfeed, exceeded the reproductive capital of their clients. Entering into surrogacy arrangements gave surrogacy workers the potential to convert their reproductive capital into economic capital, and the client parents the potential to gain parenthood. By entering into surrogacy arrangements, client parents also outsourced the risks of IVF, pregnancy and birth to the surrogacy workers. They were required to comply with an invasive hormone treatment, gestation and birth under strict medical supervision, possible medical intervention against the

surrogacy worker's will, and sometimes to cope with failed embryo transfers and miscarriages. Complications during a pregnancy can negatively affect a woman's health and fertility, and pregnancy and birth can be (and previously has been) fatal for surrogacy workers (Riben 2015). When surrogacy workers signed surrogacy contracts, they accepted the sole responsibilities and risks, and were sometimes only partially aware of them.

The privatised medical context in which commercial surrogacy in Russia is practiced means there is no price cap on the amount that providers and intermediaries (medical and agency staff) can charge for their services. Surrogacy is a fertility treatment for the affluent, whereas, as I have shown in chapter 5, surrogacy work is a money-making option for stay-at-home mothers and women in precarious employment. Client parents and surrogacy workers find themselves at opposite ends of the income scale and are socially stratified. This social stratification, alongside the cultural notion of surrogacy being an economic exchange, intersects and drastically increases the biological stratification that surrogacy workers experience. Client parents have the means and access to first-class private medical technology and – by contract – the power to apply these technologies onto surrogacy workers' bodies, regardless of whether the procedures are required or optional. They operate as a means of increasing client parents' sense of security by increasing control over the pregnancy in another woman's body. These measures included (more) frequent ultrasounds, prescribed diets and abstinence from sexual activity, amniocentesis, selective foetal reduction and (scheduled) Caesarean sections. Surrogacy contracts rendered surrogacy workers powerless to refuse such procedures. In the absence of unambiguous state guidance, agencies and client parents compiled surrogacy contracts, and as shown in chapter 4, such contracts protected the rights and interests of client parents first and foremost. The client parents in my sample were receptive to varying degrees to such social stratifications. While some made efforts to mitigate the exploitation, others accepted the stratification, justifying this by drawing on the economic framing of surrogacy in Russia, and that surrogacy workers voluntarily signed contracts. To navigate their arrangements with least possible conflict and without risking a

compromised final compensation, surrogacy workers frequently chose to accommodate inconveniences and risks rather than upset their client parents or agencies by voicing complaints. By doing so, they reinforced the inequalities.

In chapter 5 I showed how surrogacy workers were additionally biologically stratified in relation to one another. Such biological stratifications surfaced as some doctors and agencies disqualified surrogacy workers with previous failed embryo transfers or participation in egg donation programmes - when they were aware of them. When doing so, doctors and agencies counted the failed cycles only, without taking into consideration whether embryo transfers were carried out with embryos formed from client parents' gametes (and therefore with a potentially lower success chance because of client parents' age or fertility problems), or from donor gametes. Some surrogacy workers succeeded in keeping previous failures secret by visiting different clinics, and exposed their bodies to repetitive hormonal treatment with only short breaks between treatments; the long-term risks and adverse side-effects of doing this are unknown (Pearson 2006). As a consequence, surrogacy workers were biologically stratified: some women were disqualified despite being physically fit to be surrogacy workers, while others, unaware of possible risks or feeling financially pressured to repeat trying to conceive a surrogacy pregnancy, put their bodies under greater stress and strain.

A second matrix of the intersection of biological and social stratification concerned surrogacy workers' family planning and family life. In order to be surrogacy workers, they had to sacrifice nurturing and caring for their own families, and some even (involuntarily) interrupted their family planning to reproduce for others. Women who wanted another child, yet decided to take the risks of a surrogacy pregnancy first in order to feel financially prepared, could be lucky and succeed within a year and with the first embryo transfer, while others were less lucky and the anticipated 'one year' commitment to complete a surrogacy cycle lasted much longer or failed altogether. Bound by contract to repeat the agreed upon number of treatment rounds, the waiting periods varied in length. In the worst case, complications during a surrogacy pregnancy

rendered a surrogacy worker infertile and involuntarily concluded her own family planning.

10.1.2 Geographically and geo-politically stratified reproduction

By exploring how surrogacy workers experienced geographic and geo-political stratification of their reproductive labour (chapter 7), I have operationalised and expanded Colen's (1995) initial framework of stratified reproduction. I have defined geographic reproductive stratification as valuing the bodies and reproductive labour of women differently depending on the geographic location of their residence, before and during their surrogacy pregnancy. When geo-politically stratified, surrogacy workers' citizenship added into the equation. By operationalising and advancing Colen's (1995) theoretical framework to explore forms of stratifications that she did not anticipate, I advance theory and address the gap in knowledge on surrogacy workers' (cross-border) mobility for fertility treatment.

Geographic and geo-political stratifications did not concern all surrogacy workers in my sample. Geographic stratifications affected those surrogacy workers who needed to travel in order to perform their surrogacy work, and geo-political stratification intersected for those who did not have Russian citizenship. Geo-political stratifications can occur without geographic stratifications, but this did not occur in my sample. Due to the absence of statistics on surrogacy and the small size of my ethnographic sample, it is impossible to estimate the proportions of this phenomenon. However, my findings support those of Rivkin-Fish (2013) and Siegl (2015), writing on Russia, who mention what I call 'reproductive migrations' without explicitly addressing the phenomenon as such. This suggests that surrogacy workers' mobility is a cornerstone of the in surrogacy market in Russia.

I have identified three reasons why this can be the case: first, there were no fertility clinics and surrogacy-related facilities in the surrogacy workers' places of residence; secondly, client parents needed or wanted them to travel; third, the surrogacy workers wanted to leave their familiar surroundings to disguise their surrogacy pregnancies. These three scenarios could occur in isolation or in combination, and when they did,

they demanded surrogacy workers' mobility. For the purpose of this thesis I defined mobility as the ability to travel and the readiness to do so on demand. For women who could not or did not want to enter surrogacy arrangements in their home town, mobility was a prerequisite to surrogacy work. Drawing on Bourdieu's (1986) theory of different forms of capital and their convertibility, I further argued that mobility in this context is a form of convertible capital and as such, it served as the initiator in the process of converting reproductive capital into economic capital.

I have identified two distinct strategies of reproductive migrations and coined the terms 'migrant surrogacy worker' and 'commuting surrogacy worker' to address their experiences. Migrant surrogacy workers are women who relocate from their hometown to the place where their surrogacy arrangement is implemented and live there for the entire surrogacy arrangement. Commuting surrogacy workers are women who continue to reside at home (with their families) during their pregnancy, but travel at a minimum for the embryo transfer and delivery, and if demanded, regularly during the pregnancy to wherever the client parents request them to travel. Commuting surrogacy workers relocated a few weeks prior to the estimated delivery to give birth where their client parents requested. My analysis shows that migrant and commuting surrogacy workers in Russia experienced two overlapping matrices of geographic and geo-political reproductive stratification. The first matrix concerned how agencies and client parents selected surrogacy workers and scaled their remuneration according to their geographic origin. The second matrix concerned how migrant and commuting surrogacy workers experienced their pregnancies as geographically and geo-politically stratified.

Examining Russia's 'reproscapes' (Inhorn 2011:90) and 'reproflows' (Inhorn 2015:24) has shown that private clinics and agencies for commercial surrogacy arrangements cluster in St Petersburg and Moscow. To be able to respond to the increasing number of client parents that result from this concentration of the market in Russia's reproductive hubs, commercial agencies also recruited surrogacy workers from Russia's provinces and abroad. In addition to the necessity to expand recruitment, agency recruiters assumed that women from Russia's provinces and rural areas would

be healthier and more robust than local women, while at the same time, less demanding of (medical) care and with lower financial expectations. Agencies used this evaluation, and their argument that migrant surrogacy workers incurred additional costs to the agency through travel and accommodation expenses, to justify their implementation of a scaled payment scheme to the disadvantage of migrant surrogacy workers. Migrant surrogacy workers received a lower final remuneration for the same reproductive labour than locally resident surrogacy workers. In the case of women with non-Russian citizenship, some agencies had a third, even lower compensation category in place, thus adding geo-political stratification on top of their geographic stratification. Also, in direct response to the armed conflict in Eastern Ukraine, which flared up in 2014, some agencies and client parents did not want to hire Ukrainian surrogacy workers or non-Russian citizens at all, as a preventive measure in case further escalation of the conflict had a negative impact on entry regulations for non-Russian citizens. As a consequence, because of geo-political factors, women residing outside Russia, who previously entered into surrogacy arrangements in Russia at lower compensation rates, faced further stratifications. Also commuting surrogacy workers in direct arrangements adjusted their remuneration expectations to accommodate the additional costs of their travel and overnight accommodation incurred on behalf of their client. By thus being complicit with the geographic and geo-political stratification of compensation in order to be competitive with local surrogacy workers, the commuting surrogacy workers reinforced the geographic stratifications.

In addition to the geographically and geo-politically stratified remuneration scheme, geographic and geo-political stratifications also structured migrant and commuting surrogacy workers' pregnancies. Client parents and agencies imposed mobility or inertia on their surrogacy workers depending on what suited them best at different stages of the arrangement. During the preparation period, migrant and commuting surrogacy workers had to be flexible and mobile. Once the pregnancy was confirmed, agencies prohibited travel, and migrant surrogacy workers living in agency accommodation faced additional restrictions on receiving guests. Commuting

surrogacy workers in turn continued to travel regularly throughout the pregnancy, often by train, overnight, and under terms and at times that suited their client parents, leaving it up to the commuting surrogacy workers to arrange childcare and leave from other employment. For the birth, commuting surrogacy workers relocated a few weeks prior to the scheduled date to make sure they delivered where the client parents wanted them to, and left as soon as they could afterward. Once migrant surrogacy workers had delivered the baby, agencies expected them to leave within a week to make space for the next migrant surrogacy worker who needed the accommodation. These quick cycles ensured agencies' cost-effectiveness.

In short, migrant and commuting surrogacy workers experienced geographic and geo-political stratification of their reproductive labour as their labour was rewarded at a lower rate than local surrogacy workers, whilst their reproductive labour demanded more efforts and sacrifices from them than from local women. These additional demands included the strain on migrant and commuting surrogacy workers' families, who had to compensate for the mothers' absence and their social reproductive labour. They also included the physical discomfort of travelling (long-distance) when pregnant. Consequentially, migrant and commuting surrogacy workers' stratified experiences of their reproductive labour were intensified as geographic and geo-political stratifications intersected on top of biological and social stratifications.

10.1.3 Ethnically stratified reproduction

The fifth marker of reproductive stratification that I have identified among surrogacy workers in Russia is ethnic stratification. By exploring the role of ethnicity in the context of a woman's desirability and suitability as a surrogacy worker, I have addressed another significant gap in the empirical literature. With my research, I have shown that the dynamics of ethnically-stratified reproduction in Russia marginalised and often even excluded women of Central Asian origin from becoming surrogacy workers, as the majority of client parents were Slavic Russian who on the whole preferred surrogacy workers 'of their kind'. Commercial agencies and client parents in

my sample 'othered' (Seidman 2013) Central Asian women on basis of their ethnic, cultural and religious identity – that is, on what they attributed as a generalizable Central Asian ethnic, cultural and religious identity – and thought them 'not good enough', 'unclean', 'too unreliable' and even 'too dangerous' to gestate for Russian client parents. As a further consequence, agencies were highly reluctant to employ Central Asian women in order to keep their database stocked with 'desirable' women. Also here, Russia's framing of surrogacy as an economic exchange and a business arrangement contributed directly to the ethnic stratification of surrogacy workers' reproductive labour.

This exclusion of Central Asian women in Russia surrogacy markets reveals a new dynamic of what has been called the 'reproduction of whiteness' (Harrison 2016; Speier 2016; Twine 2015). Up to now, empirical research has shown how white client parents deploy the gestational labour of women of colour to gestate their white babies and reproduce whiteness (Harrison 2016). Russians identify and are counted within the socially-constructed race category 'white', while Central Asians in Russia are derogatively referred to as 'black' in reference to their phenotypical appearance of having black hair and a darker skin tone (Zakharov 2015). With my research I have shown that in Russia, contrary to previous findings (Deomampo 2016; Harrison 2014; Pande 2014), 'white' client parents more often avoided selecting 'non-white' surrogacy workers. My findings show that the Russian markets in surrogacy reproduced whiteness not by deploying the reproductive labour of 'non-white', Central Asian women, despite attributing them with high fertility rates and suited to carry pregnancies, but by devaluing and rejecting their 'non-white' bodies and reproductive labour as 'not good enough.' As a result, and in order to compete with the desired 'white' surrogacy workers and the adverse odds on the market, Central Asian women reduced their monetary expectation in direct arrangements or entered more precarious, exploitative arrangements. Such ethnic stratifications affected Central Asian women who were resident in Russia and who had Russian citizenship as much as women who were citizens and residents of the Central Asian republics (who were willing to commute or relocate to Russia for surrogacy). Another disadvantage Central

Asian women struggled with, and which caused them a double burden of ethnic and geo-political stratification, was the widespread - and media-disseminated prejudice that Central Asian migrants were likely to be illegal migrants. In order to 'better be safe than sorry', many client parents dismissed the option of hiring a Central Asian surrogacy worker from the outset.

In short, operationalising and advancing Colen's (1995) framework of stratified reproduction to explore the experiences of surrogacy workers in Russia enabled me to show how surrogacy workers in Russia experienced the provision of their gestational service in a multiply stratified way and contribute to the current scholarship on surrogacy both conceptually and empirically. Only certain women could find a client for their reproductive labour, and those who could were paid at different rates, and valued and treated in different ways, based on intersecting stratifications along biological, social, geographic, geo-political and ethnic lines. While all the surrogacy workers in my sample experienced social and biological stratification of their reproductive labour (see also Deomampo 2016b; Pande 2014c; Rudrappa 2015; Rudrappa and Collins 2015; Teman 2010), for some women, additional geographic, geo-political or ethnic stratifications applied. In Diagram 10.4 I illustrate the five dimensions of stratifications I identified and analysed in my thesis, and how they intersected and structured the surrogacy workers' experiences of surrogacy work.

10.2 Surrogacy as work and an economic exchange

Russia's cultural framing of surrogacy as an economic exchange shaped the social organisation of surrogacy. It shaped surrogacy workers' self-perception and identity as workers and mothers, as well as the relationships between them and their client parents.

In chapter 4 and throughout the thesis I have shown how surrogacy in Russia is practised in the private medical sector and under minimal state regulation. Surrogacy arrangements in Russia are characterised by the state ceding the responsibility of regulation, implementation and risks management to private fertility clinics, the

individual client parents and private agencies. Lightly regulated and increasingly in demand because of the rise of infertility, commercial gestational surrogacy in Russia, as elsewhere, has established itself as a form of precarious reproductive labour 'a job of certain sorts', as surrogacy worker Daria described it – that inhabits a gendered niche on the labour market. Commercial agencies, client parents and doctors supported and reinforced this notion. Available to all women who meet the basic three criteria of being between 20 and 35, healthy and with a biological child of their own, naturally conceived and vaginally birthed, only a fraction of those interested to become surrogacy workers ultimately qualify for commercial agencies, client parents and fertility doctors, and were able to convert their reproductive capital into economic capital, as I have shown above.

In chapter 5, I have shown that those who do consider trying to become surrogacy workers extensively evaluate the option by scrutinizing their personal understanding of surrogacy and its feasibility. They understood surrogacy to be moral act and therefore their tasks as surrogacy workers to be moral. Yet, in order to act morally as surrogacy workers, the surrogacy workers in my sample agreed that becoming surrogacy workers required 'moral preparedness' – which they described as being and remaining prepared to adhere to the contractual agreement from the beginning until the end and to relinquish the child to the client parents upon birth. A crucial point in reaching this understanding was their understanding of the surrogacy child not being 'their' child, but *'chuzhoy',* 'other', 'foreign', 'alien', 'belonging to someone else' – because of the child's lack of genetic relatedness to them. Relinquishing the child after birth therefore didn't mean 'giving the child away', but giving the child 'back' to the client parents, who were the gamete providers. Nevertheless, surrogacy workers' appreciation and utilisation of the genetic facts, maintaining the notion of the child's unrelatedness and remaining prepared to relinquish the child, demanded varying degrees of emotion work (Hochschild 1979:561) from preparation to conception through to birth. With this analysis I have shown that 'being morally prepared' was not a single decision point of *having prepared oneself* at the onset, but instead it was an *ongoing process of being prepared to manage one's own emotions* throughout the arrangement to uphold the

initial decision and maintain the role of a worker. Emotion work is one component of surrogacy work.

Once the decision to become a surrogacy worker was made, the women in my sample approached their surrogacy arrangements with the understanding that surrogacy arrangements were business arrangements that both parties collaborated in to reach their objectives - the surrogacy worker to earn money, the client parents to have a child - and thereupon part. In chapter 6 I have shown that the majority of surrogacy workers felt that a personal relationship with the client parents was of secondary importance, if of any importance at all. Unlike in the US and Israel, where commercial surrogacy arrangements are nevertheless framed as a gift exchange or a labour of love (Berend 2016b, 2016c, 2016a; Jacobson 2016a; Ragone 1994, 1996, 1999; Smietana 2017b; Teman 2010), and where surrogate mothers expressed disappointment over the discontinuance of contact and a meaningful relationship with the client parents (Berend 2015), commercial surrogacy in Russia is framed as a business arrangement. Surrogacy workers and client parents alike were encouraged to approach surrogacy arrangements as transient interactions, a means to an end, without the expectations that contact would continue after the completion of the contract. More than this, when direct contact with the client parents existed, within the cultural framing of surrogacy as a business arrangement, many surrogacy workers considered their efforts of "establishing, maintaining, negotiating, transforming, and terminating interpersonal relations" (Zelizer 2012:149) – as one component of their surrogacy work. As such, they felt it was their duty to adjust to and follow client parents' demands. Such 'relational work' (Zelizer 2005) is therefore another component of surrogacy work.

As I pointed out in the introduction and literature review, I previously suggested the framing of surrogacy in Russia as that of an economic exchange in my MSc dissertation (Weis 2013). In this PhD thesis I expanded on this approach, analysing how the economic framing of surrogacy affected the relationship between surrogacy workers and client parents. With this analysis, I contribute to the body of literature on 'surrogacy relationships' and challenge the widely-held view that surrogacy workers' satisfaction hinges on ongoing contact and acknowledgment of their work/gift (Berend

2014). As a further development of this conceptualisation, in this study, surrogacy workers described their relation to the client parents as that of employee-employer, indicating a clear hierarchy and drawing on a type of arrangement that is widely familiar, in an attempt to make sense of the arrangement and normalise it. But, as I have shown in chapter 4 and throughout the thesis, this analogy is misleading. Rather than being 'employees', the limited protection, restricted rights and agency, avoidance of tax or work insurance, and consequently, the precarity of their 'employment' suggests that surrogacy workers were self-employed independent contractors, whose payments could be reduced at agencies' and sometimes client parents' discretion when complications, such as pre-term birth or pathologies during or shortly after the birth arise.

In summary, surrogacy work is a form of precarious reproductive labour that consists not only of the visible, physical labour or conceiving and carrying a pregnancy, but also of emotion work (Hochschild 1979) and relational work (Zelizer 2005). The women who performed surrogacy work regarded themselves as workers, and this temporary identity did not conflict with their persistent identity as mothers to their own children. Instead, they were both workers and mothers, and workers as 'mothers.' To express surrogacy workers' perception of surrogacy gestation as work, and their awareness of their clinical labour (Cooper and Waldby 2014), I have applied the term 'surrogacy worker.' By framing surrogacy as an economic exchange with inherent hierarchies, both the surrogacy workers and the client parents cemented and legitimised the above-outlined forms of reproductive stratification: social, biological, geographic, geo-political and ethnic. Many client parents maintained that surrogacy workers entered the arrangement voluntarily, aware of all the demands as they were stated in the contracts, and that they paid surrogacy workers for their services. Surrogacy workers equally downplayed the stratifications, and, drawing on the economic narrative, coded side-effects on their health, their family planning and their family lives as work-hazards and a temporary, inconvenient means to an end.

10.3 Researching emotions by researching with emotions

Surrogacy is a highly emotionally charged topic. In chapter 9 I have accounted for how I have approached this aspect methodologically, and how I actively incorporated my own emotional responses to understand the experiences of my research participants. Further, I have shown how I used my personal emotional experiences during research to generate knowledge about the social organisation of commercial surrogacy in Russia and the intersecting forms of stratified reproduction as experienced by the surrogacy workers.

Drawing on qualitative, feminist scholarship (Holland 2007; Jaggar 1989; Watts 2008), I have argued that allowing and engaging with one's own emotions in qualitative research does not distort research, but can assure quality and trustworthiness of the findings and analysis.

A long-term ethnographic study into an emotionally charged topic such as surrogacy can be emotionally draining and overwhelming. While the full immersion into the topic, which the ethnographic approach demands, has the potential to allow researchers to get to the "gory, gutsy bits" (Dickson-Swift et al. 2007:332) of the matter, the intensity of the emotion work also brings forth a risk of disengaging with one's own emotions and shying away from situations and research questions that prompt exposure to 'negatively-charged' feelings out of self-protection. Having experienced such 'emotion fatigue' (Watts 2008:4), also referred to as 'fieldwork fatigue' Everhart (1977:13), I have shown the necessity for self-care. When making one's own emotional responses a research tool, by recording research participants' and one's own emotions and reflecting on them to generate research questions and triangulate them with other data sources (Bryman 2012:379), emotions then authenticate research. The ethnographic approach is best suited for generating knowledge from emotions, as the ethnographer works in a way that is deeply immersed with a small sample over an extended period of time, gains familiarity with participants and the dynamics of the research field, and incorporates reflexivity.

In short, the more aware and reflective we are as researchers, the better we can come to understand who and what we research. And, when doing sensitive research, we need to work with our emotions or our emotions work on us.

10.4 Final remarks and recommendations for future research

This thesis has demonstrated the complexity and controversy of the practice of commercial gestational surrogacy. In my sample, the spectrum of surrogacy workers' experiences reached from 'feminist fairy tales' (Rudrappa 2017) of successful deliveries and surrogacy workers' empowerment and accomplishment, to stories of loss, pain, desperation, precarity and exploitation – the kind of stories that move the critics of surrogacy to call for its ban. Realistically, on a global scale, there is no end in sight, either of commercial or altruistic surrogacy.

Since 2012, when I began my empirical surrogacy research for my MSc (Weis 2013), the global markets in surrogacy have undergone significant changes. In 2013, India banned commercial surrogacy for single foreigners and homosexual individuals (Chaudhuri 2013) and in 2016, banned all commercial surrogacy arrangements and restricted them, from then on, to altruistic-only services to married heterosexual Indian couples (Cousins 2016; Passi 2016). As a result, surrogacy markets expanded out and became established in other south-Asian countries, such as Thailand (Whittaker 2016b), Vietnam and Laos (Prosser and Gamble 2016) and Malaysia (Thambapillay 2015). Mexico (Schurr 2016), Guatemala (Merino 2010) and Ghana (Gerrits 2016) are known for providing or having provided surrogacy services for foreigners. The swift shutting down of surrogacy arrangements in Nepal, Thailand and Mexico within a few years after the practice was established (Schurr 2016) vividly demonstrate these markets' ephemerality. As Parry (2015:32) remarked: when governments in one country clamp down on surrogacy and force (transnational) client parents to withdraw, it "washes them up into the slew of newly funded fertility clinics," most likely in countries less prepared to adequately regulate it. This only increases the vulnerability of surrogacy workers. Alternatively, arrangements go 'underground', as the only recently uncovered illegal surrogacy business in Cambodia demonstrates (Willows

2017). This likewise exposes client parents, surrogacy-born children and surrogacy workers in particular to the risks of exploitation, abuses and legal limbo.

Therefore, rather than debating and demanding the prohibition of surrogacy, we need debates and action to improve the current practice in regulation and implementation, and in order to do so, we need more empirical insights in the practises of surrogacy at the margins of hitherto research, such as Russia.

I propose the following directions and questions for future research:

- How are the current global changes in transnational surrogacy affecting the markets in surrogacy in Russia? Who are the transnational clients coming to Russia? Where do they come from and why do they choose Russia? In particular, what is Russia's potential to replace India, Mexico, Nepal and Thailand as a destination country for LGBT+ individuals seeking parenthood through surrogacy?
- The view of influential Russian politicians changed from publicly vehemently opposing surrogacy to endorsing the practice, albeit restricted to heterosexual married couples, as a means to an end for increasing Russia's low birth rate. What are the new bio-politics of reproduction in Russia? How is reproduction controlled by the market, women and the state?
- Some surrogacy workers in my sample strictly opposed working for gay client parents, yet were unaware that they worked in an anonymous arrangement for a single client parent and/or a homosexual client parent. Should gay individuals exercise their right to hire a surrogacy worker whose rights to make informed choices have been compromised in favour of the client parents? I propose research into this controversy of reproductive rights and reproductive justice from an approach informed by feminist and queer theory.
- Influential figures in the surrogacy business have addressed Russian Duma delegates with recommendations to change the legislation regarding surrogacy. First, they proposed prohibiting the surrogacy worker from seeking abortion on her own initiative and secondly, they proposed giving the client parents full parental rights upon birth, without needing the surrogacy worker's additional

written consent. The responses and legal changes by the Russian Duma should be researched for the impact it has on the experience of surrogacy workers.

- The discrimination and marginalisation of Central Asian women in the surrogacy market has made them a hard-to-reach population and necessitates more research. How do Central Asian women experience the Russian surrogacy market? How do they relate to Slavic surrogacy workers? How do they make sense of and negotiate the dynamics that marginalise them?

Epilogue

Fieldnotes, personal reflections, sometime in November 2014

They [friends/acquaintances] tell me two things that upset me:
(1) that I should not get upset over a surmama losing a surrogacy pregnancy
(2) because 'she probably isn't even upset herself as it wasn't her child' or 'if she is upset then because it's over the money she lost.'
I am upset, because they are wrong. And I am upset, because they are right, but their vilifications of surrogacy workers are inappropriate. Surrogacy workers need for money does not turn them into heartless machines. They are not incubators. And I am upset that they cannot understand, yet criticise that I cannot and do not want to do anything other than be receptive to their emotions (BECAUSE THEY ARE THERE!) in order to understand – not only with my mind, but also with my heart. I am yet to understand.
I am yet to understand all my emotions. For now, I know they are there and they often overwhelm me.

Fieldnotes, March 5, 2015

Vasileostrovsky[158], I met with surrogacy worker Gabriela after her gynaecological appointment; walked with her from the clinic[159] to the Metro station; she had no time to meet for longer, she had to get back to work, her employer had only given her the morning off.

Gabriela miscarried. Today the doctors confirmed what she had known. She had a feeling about what the doctor was going to tell her at this ultrasound appointment as a few days earlier she had had this dream of "a hen without feathers. Dead. Dead, plucked and ready cleaned to be thrown into the pot and be made into soup." She explained, "At home in Moldova, when you dream of a hen, the dream tells you that

[158] Vasileostrovsky a municipal district of St Petersburg. It is an island connected to the mainland by six bridges.
[159] Gabriela's agency opposed our research collaboration. Therefore, I could not attend Gabriela's medical appointments and met her only on her own.

you are pregnant with a girl. When I was pregnant with my daughter, I also dreamt of a hen, and the hen was fat and happy, she was fluttering, she was alive. And I gave birth to a big, healthy baby girl. And those bio[logical parents], I carried a female foetus for them. When I had that dream, I knew."

Gabriela grieved. She grieved the loss of the pregnancy, the loss of time and the loss of the money. Most of all, she grieved the consequences of the additional months of separation from her own children, who she left in her mother's care in Moldova, over 1700km far away.

All that grief left no space to grieve for the loss of the foetus, or for the client parents' loss. How to sympathise with them, when for them Gabriela was only a gestational carrier, a hired worker, and on top of that as a non-Russian citizen, a worker at reduced costs and with diminished rights. On that morning, like at previous appointments, the client parents were absent from the appointment and an agency employee was present as their proxy. The only time Gabriela had seen the client parents was when they requested to 'view' her in person to ascertain she met their criteria before signing the contract with the agency – another humiliating act: to be reduced to her body and reproductive functions. Her personhood didn't matter. She was an item, an option in the agency's databank.

Gabriela had come to St Petersburg in the autumn of 2013. She had hoped the 'reproductive work trip' to last a maximum of a year, to earn sufficient money to allow her return to her children without delay. But, for a migrant, finding client parents was hard and the first arrangement with her first client parents failed because of the doctor's mistake. Now that this second arrangement had failed, and the doctor had already informed her that she would have to wait a minimum of three months after the curettage before considering the next embryo transfer, the reunion with her children had yet again, painfully, been postponed to an unpredictable moment in the future.

Her grief over the loss of time and money was a mother's grief over this additional, unpredictably long separation from her children.

Fieldnotes, April 4th, 2015

Café Petrushka, Notes after recording a second interview with Gabriela

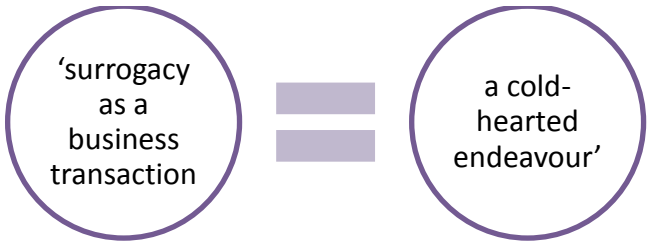
As we were getting ready to leave, Gabriela pulled out her phone and asked 'Do you want to see my children?' Of course I did. The picture was taken in a supermarket, probably by her mother, who currently cares for her children. It shows a lanky boy, tall for his age, standing beside his younger sister in her preschool dress, blonde curls framing her face. The girl holds on to the bars of the shopping cart which are still too high for her, prompting her to stand on tiptoes. Gabriela's eyes remained fixed on the screen as she turns the phone around, and caressing the cover where her daughter's image is depicted with her index finger, she said 'Look at my little girl, who I left behind [pe care am lasat-o[160]] for this.'

For this – the endeavour of surrogacy in St Petersburg, far from home, far from her children

For this – the twice-shattered hope that she could quickly make the necessary money and ease her family's financial burden

For this – the worries, the stress, the humiliation and the emotional and physical pain

By ending this thesis with Gabriela's story and some of my personal thoughts/fieldnotes, I want to emphasise that an easy equation of



would do gross injustice to the surrogacy workers in Russia - and the client parents alike. In the months I spent 'in the field', listening to their accounts, I felt with them

[160] This is Romanian.

their bliss, their hopes, their worries, their anguish, their excitement, their anger, their loss, their pride and their resilience, and I understood that the notion of surrogacy as an economic exchange is just one set of rules to guide that 'serious game' of surrogacy. The European, Israeli and American framings of surrogacy as a gift exchange or a labour of love are alternative frames, yet while they immediately trigger positive associations, the unvarnished commodification narrative causes discomfort. I experienced this through vilifying comments among people with whom I shared early, fragmented insights during fieldwork and in my own judgements, my first emotional responses to the injustices and forms of exploitation I discovered.

Yet in Russia, it is this framing of surrogacy as an economic exchange, which provides individuals with their framing to make sense of their experience and to guide them through the arrangements. It teaches surrogacy workers to regard surrogacy a transient event in their lives and as an economic opportunity. It further teaches them to neither be attached to the foetus and nor to the client parents – but it makes surrogacy no less emotional or less intense. Regardless of the cultural framing, surrogacy remains a woman's immense embodied and emotional labour. Surrogacy workers conceive, carry, birth and relinquish a child – at the risk of their own life.

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Appendix 1 – Abstract MSc thesis "'Born to birth'? Surrogacy workers in St Petersburg"

Research Master's Programme: Cultural Anthropology: Sociocultural Transformations

Utrecht University, the Netherlands

MSc Thesis: Christina Corinna Weis

Title: **"Born to Birth"? - Surrogacy Workers in Saint Petersburg**

May 2013

Supervisor:
Asst. Prof. Dr. J.G. de Kruijf
Second Assessor:
Prof. Dr. A.C.G.M. Robben

Abstract

This thesis focuses on the practice of commercial, gestational surrogate motherhood in Russia. Based on anthropological field work in surrogacy-facilitating private clinics in Saint Petersburg and interviews with surrogacy workers, doctors, agencies and intending parents, I argue to conceptualize gestational surrogacy as a form of reproductive work. Hereby I draw on the theoretical framework of reproductive work, precarious work and gender politics after socialism in Russia. I highlight the struggles, advocacy and negation of recognizing surrogacy gestation as a form of work. Next, I grapple with the work beyond gestation: the embodied work of making the surrogate body available and the involved second order tasks. I question the surrogate's ascribed, innate female ability of gestation and birth and outline the skills, discipline and schooling it demands to guarantee the successful course of the surrogacy pregnancy and therefore argue for the term 'surrogacy worker'. Finally, I illustrate the intrinsic power inequalities and the precarious character of surrogacy work. Surrogacy is increasing in Russia, attracting even migrant workers from the neighboring post-Soviet republics, as its high demand offers constant employment vacancies to young health mothers who find themselves disadvantaged on the regular labor market. Considering risks and opportunities, they opt for the precarious work of surrogacy to resolve their financial straits.

Appendix 2 – Theme overview of first empirical literature review

1. Characteristics and profiles of surrogate mothers and intending parents
    - 1.1 Surrogate mothers
    - 1.2 Intending parents

2. Motivation
    - 2.1 Women's motivation to become surrogate mothers
    - 2.2 Intending parents' motives to seek surrogacy

3. Attitudes
    - 3.1 General public
    - 3.2 People with experience of childlessness, infertility or impaired fertility
    - 3.3 Health professionals
    - 3.4 Surrogate mothers
    - 3.5 Social workers

4. The surrogacy process
    - 4.1 Relationship between surrogate mothers and intending parents
    - 4.2 Departing and disappointment - Ending the relationship with the intending parents
    - 4.3 Impact on the life of the surrogate mothers
    - 4.4 Online communication
    - 4.5 Exploitation

5. Detaching, departing and bonding
    - 5.1 Detaching and departing – surrogate mothers
    - 5.2 Bonding and claiming motherhood – Intending mothers

6. Families formed through surrogacy
    - 6.1 Secrecy and disclosure – considerations, intentions and desires by intending parents and surrogate mothers
    - 6.2 Understanding of children born by surrogacy
    - 6.3 Kinship

7. The intersection of race, class and ethnicity

8. Religion, spirituality and gift narratives
    - 8.1 The impact of religious beliefs and spiritual concepts on surrogacy
    - 8.2 Gift narratives

Appendix 3 - Participant information sheets

3.1 Participant information sheet for surrogacy workers (English version)

Participant Information Sheet – Surrogate Mothers

An investigation into surrogate motherhood in Russia

Dear Participant,

Thank you very much for taking the time to consider taking part in this study. Please find below detailed information about the study.

Who is doing this research and why?
My name is Christina Weis and I am a PhD student at De Montfort University in the UK. My doctoral dissertation is an investigation into surrogate motherhood in Russia.

What is the study about?
This study will look at the practice of surrogate motherhood in Russia. Surrogate motherhood as a method to overcome involuntary childlessness is becoming more and more popular. As surrogacy is legal in Russia, it is attracting intending parents from Russia as well as other countries such as Germany and Denmark, as well as increasingly attracting women from Russia and other former Soviet countries to work as surrogate mothers. This research looks at the experiences of surrogate mothers, intending parents, doctors and surrogacy agencies.

Why have I been chosen?
You have been chosen because you are, are going to be or have been a surrogate mother in Russia.

What does the study involve?
I would like to interview you about your expectations, opinions and experiences of being a surrogate mother. Very little research has looked into the experiences of surrogate mothers in Russia and your participation would be beneficial in understanding surrogate mothers' experiences. I am asking for your involvement in two activities:

An interview: the interview will last between 30-90 minutes and can be done at any time or location convenient to you. I would like to record these interviews to help me later translate them to English and analyse them.
Observations of appointments: with your permission, and only when convenient to you, I would also like to accompany you to an appointment with a doctor or surrogacy agency to learn more about what such appointments involve and understand more about the organisation of surrogacy, and medical and practical aspects.

Do I have to take part?
It is entirely up to you to decide if and how you want to participate in this research. You can give me an interview and/or allow me to join you when you have a consultation with the doctor/agency. If you do not wish to take part, there will be no implications for you or your role as a surrogate mother.

What if I agree to take part and then change my mind?
You can withdraw from the study at any time, without giving a reason. If you also want to withdraw your data you can do so until six months before submission of the final thesis (December 2016).

What are the possible benefits of taking part?
The information I will get from this study will improve our understanding of commercial surrogacy and the experiences of women who become surrogate mothers.

You can receive a copy of the findings from the study once it is complete to get an insight in to the experiences of others involved in the process. If you would like this, please let the researcher know at the time of your participation.

What are the possible disadvantages and risks of taking part?
I am aware that surrogate motherhood is a sensitive topic. You might become upset during the interview. If this happens, you can pause the interview or stop altogether. You don't have to answer any question you don't want to answer. It is possible that others may become aware of your involvement in the study because of our interactions at the clinics or the agency. If you prefer I can arrange to meet you away from these locations.

What will happen to my personal details?
All identifiable information, such as your name, will be confidential and will be stored securely away from the data files. Data (in the form of interview recordings, typed up transcripts and notes) will have all identifying details anonymised and will be stored securely on a password protected computer.
If you decide to withdraw from the research, you can request to have all your data and contact details destroyed by contacting the researcher before the study is completed in June 2016.

What will happen to the results of the research study?
All of the data I collect will be analysed together to get a better understanding of the experience of those involved in the process. The results of the study will be published in my doctoral thesis. It is possible that anonymised parts of your interview may be included in the finished thesis, which will be made publically available, as well as in published academic journals or conference papers. However these extracts will be anonymised and no one will be able to identify you from them.

Who has reviewed the study?
This study has been reviewed and approved by De Montfort University, Faculty of Health and Life Sciences Research Ethics Committee.

Who is paying for this research?
My PhD, for which I am conducting this research, is funded by a research scholarship from De Montfort University in the UK.
I receive no financial benefits for conducting this research, and have no financial interests in it.

If you have any questions or would like further information, please contact:

Christina Weis
Christina.weis@posteo.de
+7 981 832 13 19

If you wish to make a **complaint**, you may contact me or my supervisors

Dr Nicky Hudson, De Montfort University, Nhudson@dmu.ac.uk
Dr Sally Ruane, De Montfort University, SRuane@dmu.ac.uk

3.2 Participant information sheet for client parents (English version)

Participant Information Sheet – Intending Parents
An investigation into surrogate motherhood in Russia

Dear Participant,

Thank you very much for taking the time to consider taking part in this study. Please find below detailed information about the study.

Who is doing this research and why?
My name is Christina Weis and I am a PhD student at De Montfort University in the UK. My doctoral dissertation is an investigation into surrogate motherhood in Russia.

What is the study about?
This study will look at the practice of surrogate motherhood in Russia. Surrogate motherhood as a method to overcome involuntary childlessness is becoming more and more popular. As surrogacy is legal in Russia, it is attracting intending parents from Russia as well as other countries such as Germany and Denmark, as well as increasingly attracting women from Russia and other former Soviet countries to work as surrogate mothers. This research looks at the experiences of surrogate mothers, intending parents, doctors and surrogacy agencies.

Why have I been chosen?
You have been chosen because you are intending to become or have become parents through a surrogacy arrangement in Russia.

What does the study involve?
I would like to interview you about your expectations, opinion and experiences of having become /becoming a parent with the help of a surrogate mother. Very little research has looked into the social aspects of the practise of surrogate motherhood in Russia and your participation would be beneficial in understanding why and how intending parents choose surrogacy and their experiences of the process. I am asking for your involvement in two activities:

An interview: the interview will last between 30-90 minutes and can be done at any time or location convenient to you. I would like to record these interviews to help me later translate them to English and analyse them.
Observations of appointments: with your permission, and only when convenient to you, I would also like to accompany you to an appointment with a doctor or surrogacy

agency to learn more about what such appointments involve and understand more about the organisation of surrogacy, and medical and practical aspects.

Do I have to take part?
It is entirely up to you to decide if and how you want to participate in this research. You can give me an interview and/or allow me to join you when you have a consultation with the doctor/agency. If you do not wish to take part, there will be no implications for you.

What if I agree to take part and then change my mind?
You can withdraw from the study at any time, without giving a reason. If you also want to withdraw your data you can do so until six months before submission of the final thesis (December 2016).

What are the possible benefits of taking part?
The information I will get from this study will improve our understanding of commercial surrogacy and the experiences of those involved in the process. You can receive a copy of the findings from the study once it is complete to get an insight in to the experiences of others involved in the process. If you would like this, please let the researcher know at the time of your participation.

What are the possible disadvantages and risks of taking part?
I am aware that surrogate motherhood is a sensitive topic. You might become upset during the interview. If this happens, you can pause the interview or stop altogether. You don't have to answer any question you don't want to answer. It is possible that others may become aware of your involvement in the study because of our interactions at the clinic of the agency. If you would be prefer I can arrange to meet you away from these locations.

What will happen to my personal details?
All identifiable information, such as your name, will be confidential and will be stored securely away from the data files. Data (in the form of interview recordings, typed up transcripts and notes) will have all identifying details anonymised and will be stored securely on a password protected computer.
If you decide to withdraw from the research, you can request to have all your data and contact details destroyed by contacting the researcher before the study is completed in June 2016.

What will happen to the results of the research study?
All of the data I collect will be analysed together to get a better understanding of the experience of women who become surrogacy workers. The results of the study will be published in my doctoral thesis. It is possible that anonymised parts of your interview may be included in the finished thesis, which will be made publically available, as well as in published academic journals or conference papers. However these extracts will be anonymised and no one will be able to identify you from them.

Who has reviewed the study?
This study has been reviewed and approved by De Montfort University, Faculty of Health and Life Sciences Research Ethics Committee.

Who is paying for this research?
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Dr Sally Ruane, De Montfort University, SRuane@dmu.ac.uk

3.3 Participant information sheet for agency staff (English version)

Participant Information Sheet – Surrogacy Agencies

An investigation into surrogate motherhood in Russia

Dear Participant,

Thank you very much for taking the time to consider taking part in this study. Please find below detailed information about the study.

Who is doing this research and why?
My name is Christina Weis and I am a PhD student at De Montfort University in the UK. My doctoral dissertation is an investigation into surrogate motherhood in Russia.

What is the study about?
This study will look at the practice of surrogate motherhood in Russia. Surrogate motherhood as a method to overcome involuntary childlessness is becoming more and more popular. As surrogacy is legal in Russia, it is attracting intending parents from Russia as well as other countries such as Germany and Denmark, as well as increasingly attracting women from Russia and other former Soviet countries to work as surrogate mothers. This research looks at the experiences of surrogate mothers, intending parents, doctors and surrogacy agencies.

Why have I been chosen?
You have been chosen because you are the owner or staff member of a surrogacy agency.

What does the study involve?
I would like to interview you about your opinion and experiences of offering and managing surrogacy procedures to intending parents and working together with surrogate mothers. Very little research has looked into the social aspects of surrogate motherhood in Russia and your participation would be beneficial in understanding the processes involved. I am asking for your involvement in two activities:

An interview: the interview will last between 30-45 minutes and can be done at any time or location convenient to you. I would like to record these interviews to help me later translate them to English and analyse them.
Observations of appointments: with your permission, and only when convenient to you and the surrogate mother or intending parent/s, I would also like to be present during scheduled appointments with the surrogate mother or intending parent/s to

understand more about the organisation of surrogacy, and medical and practical aspects.

Do I have to take part?
It is entirely up to you to decide if and how you want to participate in this research. You can give me an interview and/or allow me to be present during an appointment with a surrogate mother.

What if I agree to take part and then change my mind?
You can withdraw from the study at any time, without giving a reason. If you also want to withdraw your data you can do so until six months before submission of the final thesis (December 2016).

What are the possible benefits of taking part?
The information I will get from this study will improve our understanding of commercial surrogacy and the experiences of those involved in the in the process.

You can receive a copy of the findings from the study once it is complete to get an insight in to the experiences of others involved in the process. If you would like this, please let the researcher know at the time of your participation.

What will happen to my personal details?
All identifiable information, such as your name, will be confidential and will be stored securely away from the data files. Data (in the form of interview recordings, typed up transcripts and notes) will have all identifying details anonymised and will be stored securely on a password protected computer.
If you decide to withdraw from the research, you can request to have all your data and contact details destroyed by contacting the researcher before the study is completed in June 2016.

What will happen to the results of the research study?
All of the data I collect will be analysed together to get a better understanding of the experience of those involved in the in the process. The results of the study will be published in my doctoral thesis. It is possible that anonymised parts of your interview may be included in the finished thesis, which will be made publically available, as well as in published academic journals or conference papers. However these extracts will be anonymised and no one will be able to identify you from them.

Who has reviewed the study?
This study has been reviewed and approved by De Montfort University, Faculty of Health and Life Sciences Research Ethics Committee.

Who is paying for this research?

My PhD, for which I am conducting this research, is funded by a research scholarship from De Montfort University in the UK.
I receive no financial benefits for conducting this research, and have no financial interests in it.
If you have any questions or would like further information, please contact:
Christina Weis

Christina.weis@posteo.de

+7 981 832 13 19

If you wish to make a **complaint**, you may contact me or my supervisors

Dr Nicky Hudson, De Montfort University, Nhudson@dmu.ac.uk

Dr Sally Ruane, De Montfort University, SRuane@dmu.ac.uk

3.4 Participant information sheet for medical staff (English version)

Participant Information Sheet – Medical Staff

An investigation into surrogate motherhood in Russia

Dear Participant,

Thank you very much for taking the time to consider taking part in this study. Please find below detailed information about the study.

Who is doing this research and why?
My name is Christina Weis and I am a PhD student at De Montfort University in the UK. My doctoral dissertation is an investigation into surrogate motherhood in Russia.

What is the study about?
This study will look at the practice of surrogate motherhood in Russia. Surrogate motherhood as a method to overcome involuntary childlessness is becoming more and more popular. As surrogacy is legal in Russia, it is attracting intending parents from Russia as well as other countries such as Germany and Denmark, as well as increasingly attracting women from Russia and other former Soviet countries to work as surrogate mothers. This research looks at the experiences of surrogate mothers, intending parents, doctors and surrogacy agencies.

Why have I been chosen?
You have been chosen because you are a doctor or member of medical staff who works with surrogate mothers, intending parents and surrogacy agencies.

What does the study involve?
I would like to interview you about your opinion and experiences of implementing the surrogacy procedure and working together with surrogate mothers, intending parents and surrogacy agencies. Very little research has looked into the social aspects of surrogate motherhood in Russia and your participation would be beneficial in understanding the process involved. I am asking for your involvement in two activities:

An interview: the interview will last between 30-45 minutes and can be done at any time or location convenient to you. I would like to record these interviews to help me later translate them to English and analyse them.
Observations of appointments: with your permission, and only when convenient to you and convenient to and with the permission of the surrogate mother, I would also

like to be present at an appointment with a surrogate mother to learn more about what such appointments involve and understand more about the organisation of surrogacy, and medical and practical aspects.

Do I have to take part?
It is entirely up to you to decide if and how you want to participate in this research.

What if I agree to take part and then change my mind?
You can withdraw from the study at any time, without giving a reason. If you also want to withdraw your data you can do so until six months before submission of the final thesis (December 2016).

What are the possible benefits of taking part?
The information I will get from this study will improve our understanding of commercial surrogacy and the experiences of those involved in the processes. You can receive a copy of the findings from the study once it is complete to get an insight in to the experiences of others involved in the process. If you would like this, please let the researcher know at the time of your participation.

What will happen to my personal details?
All identifiable information, such as your name, will be confidential and will be stored securely away from the data files. Data (in the form of interview recordings, typed up transcripts and notes) will have all identifying details anonymised and will be stored securely on a password protected computer.
If you decide to withdraw from the research, you can request to have all your data and contact details destroyed by contacting the researcher before the study is completed in June 2016.

What will happen to the results of the research study?
All of the data I collect will be analysed together to get a better understanding of the experience of those involved in the processes. The results of the study will be published in my doctoral thesis. It is possible that anonymised parts of your interview may be included in the finished thesis, which will be made publically available, as well as in published academic journals or conference papers. However these extracts will be anonymised and no one will be able to identify you from them.

Who has reviewed the study?
This study has been reviewed and approved by De Montfort University, Faculty of Health and Life Sciences Research Ethics Committee.

Who is paying for this research?
My PhD, for which I am conducting this research, is funded by a research scholarship from De Montfort University in the UK.

I receive no financial benefits for conducting this research, and have no financial interests in it.
If you have any questions or would like further information, please contact:

Christina Weis

Christina.weis@posteo.de

+7 981 832 13 19

If you wish to make a **complaint**, you may contact me or my supervisors

Dr Nicky Hudson, De Montfort University, Nhudson@dmu.ac.uk

Dr Sally Ruane, De Montfort University, SRuane@dmu.ac.uk

Appendix 4 – Consent forms

4.1 Russian version

Исследование: Суррогатное Материнство в России

Форма согласия

	Пожалуйста, впишите ваши инициалы в поле, если вы согласны. Пишите **X**, если не согласны.
Я подтверждаю, что прочитал/а и понял/а информационный лист об исследовании суррогатного материнства. У меня была возможность подумать об исследовании, задать вопросы и получить, которыми я доволен/довольна.	
Я понимаю, что участие является добровольным и я вправе отказаться от него в любой момент.	
Я понимаю, что мои имя и фамилия, и другая личная информация, будут удалены из моего интервью (из записи).	
Я согласен/а, что исследователь (Кристина Вайс) будет хранить мои контактные данные до окончания исследование.	
Я согласен/а принимать участие в интервью и интервью будет записано.	
Я согласен/а принимать участие в последующем интервью, если оно понадобиться.	
Я согласен/а, что исследователь (Кристина Вайс) будет сопровождать меня и наблюдать во время приема, когда мне будет удобно.	
Я согласен/а, что обезличенные записи интервью и заметки будут храниться в защищенном паролем компьютере.	

Если вы ответили на все вопросы и вы согласны принять участие в исследовании, пожалуйста, поставьте свое имя, подпись и дату.

Ваши имя и фамилия _____ Дата_____

Ваша подпись _____

Имя исследователя _____ Дата _____

Кристина Вайс
Де Монтфорт Университет, Лестер, Великобритания
Санкт–Петербургский Государственный Университет Технологии и Дизайна
Christina.weis@posteo.de
+7 981 832 13 19

4.2 English version

Study: Surrogate Motherhood in Russia

Consent Form

	Please initial the box if you agree. Put an X if you disagree:
I confirm that I have read and understood the information sheet for the study on surrogate motherhood. I have had the opportunity to think about the study, ask questions and had them answered to my satisfaction.	
I understand that my taking part is voluntary and I am free to withdraw at any time.	
I understand that my name and any other details that could identify me will be removed from my interview transcript.	
I agree for you to keep my name and contact details on record until the study is completed.	
I agree to take part in a recorded interview.	
I agree to take part in a recorded follow-up interview if applicable.	
I agree to you being present and agree to you observing during appointments when convenient for me.	
I agree to my anonymised interview recording and other notes from the meetings being stored on a password-protected computer for analysis.	

If you are happy that all questions have been answered, and you agree to take part in the study, please put your name, signature and date in the spaces below.

Name of participant_____ Date_____

Participant signature_____

Name of researcher_____ Date_____

Christina Weis
De Montfort University, Leicester, UK
E-mail: christina.weis@posteo.de
Tel. *Russian number*

Appendix 5 – Detailed account of research population

Explanation to Tables 1-5

All names, including names for fertility clinics, surrogacy agencies and maternity wards, in these tables as throughout the thesis are pseudonyms. Unless participants' place of origin is St Petersburg, their original place of origin or residence is omitted and an approximate location is rendered in order to maintain anonymity. Missing data indicated by an 'X' in the provided tables accounts for the participants' preference to withhold respective information or being prohibited by agencies or client parents to make the information available. For confidentiality of the latter, I desist from differentiating between the reasons.

The tables only list formally recorded and transcribed interviews. They do not list informal conversation, including correspondence via phone, Skype, messenger, WhatsApp and email, which I recorded via fieldnotes.

Furthermore, as I have indicated in chapter 1 and 3, this research builds on a previous ethnographic research in 2012-2013. The research participants marked with an asterix behind their name have already participated in my MSc research in 2012-2013 and agreed to participate anew. The below listed interviews however solely are interviews that I conducted in this doctoral research visit (2014-2015).

Table 1 - Surrogacy workers

	Name, age	Agency Arrangement Direct Arrangement	Local Migrant Commuter	Recruitment Migrant Commuter	Place of Origin Migrant Commuter	Place of IVF, Pregnancy and/or Birth	Number of ET/ Successful Pregnancies	Miscarriages during Surrogacy	C-section	Number of Recorded Interviews (not counting informal conversation)	Language
1	Alexandra* (28)	A	Migrant	Contact re-established	Orenburg, Russia	St Petersburg	1/1	no	no	4 (1 face-to-face; 3 skype interviews)	Russian
2	Oksana* (37)	A	Local	Contact re-established	St Petersburg	St Petersburg	5/1	1	no	1	Russian
3	Asenka (27)	(1) A (2) D	Commuter	Snowball	Kronstadt	St Petersburg	2/2	no	no	1	Russian
4	Mila (late 20s)	A	Migrant	Gatekeeper	Belarus	St Petersburg	3/2	1	no	1	Russian
5	Svetlana (25)	D	Commuter	Online	Belgorod, Russia	IVF and birth where client parents demanded, pregnancy in Belgorod	1/1	no	no	-	Russian
6	Yuliana (late 20s)	A	Migrant	Snowball	Kherson, Ukraine	St Petersburg	2/2	no	no	1	Russian
7	Marcella* (30s)	A	Migrant	Contact re-established	Chisinau, Moldova	St Petersburg	(1) x/1 (2) x/1 triplets	x	x	-	Romanian Russian
8	Kira (26)	A	Migrant	Snowball	Odessa, Ukraine	Moscow (IVF) Saint Petersburg	1/1	no	no	1	Russian

						(pregnancy and birth)					
9	Olesya (29)	A	Local	Gatekeeper	St Petersburg	St Petersburg	2/1	1	no	1	Russian
10	Olya (34)	A	Local	Gatekeeper	St Petersburg	St Petersburg	1/1	no	no	-	Russian
11	Galina (25)	A	Migrant	Gatekeeper	Ukraine	St Petersburg	1/1	no	no	-	Russian
12	Inna (x)	A	Local	Gatekeeper	St Petersburg	St Petersburg	x/1	x	x	-	Russian
13	Anna (31)	A	Local	Gatekeeper	St Petersburg	St Petersburg	3/2	no	x	2	Russian
14	Elisaveta (30)	D	Local	Gatekeeper	St Petersburg	St Petersburg	2/2	no	no	1	Russian
15	Gabriela (31)	(1) D (2) A	Migrant	Online	Hincesti, Moldova	St Petersburg	2/0	1	no	2	Romanian Russian
16	Ilya (33)	D	Commuter	Gatekeeper	Yartsevo	(1) IVF and birth in St Petersburg, pregnancy in Yartsevo (2) IVF and birth in Moscow, pregnancy in Yartsevo (3) IVF and birth in St Petersburg, pregnancy in Yartsevo	(1) 2/1 twins (2) 2/1 (3) 2/1	no	1	1	Russian
17	Zemfira (x)	x	x	Online	Saratov Region	St Petersburg	x	x	x	-	Russian
18	Daria (32)	D	Commuter	Online	Kursk	St Petersburg	2/1	x	x	1 (skype)	Russian
19	Gul'nur (x)	D	Commuter	Online	Belorestk	Ufa	1/*	x	x	1	Russian
20	Nadya*	D	Commuter	Contact re-established	Medvezhyegorsk	Moscow	1/1	x	yes (twins)	-	Russian
21	Katya (19)	D	Commuter	Online	Moscow Region	Moscow	1/x	no	no	1 (phone)	Russian
22	Ksyusha (x)	D	x	Online	X	X	x/1	no	X	-	Russian

23	Anyuta (27)	D	X	Online	Odessa	X	x	X	X	1 (chat)	Russian
24	Alsu (20)	D	Migrant	Online	Kasan, Russia	St Petersburg	x	X	x	-	Russian
25	Diana (25)	A	Migrant	Online	Vologda	St Petersburg	2/1	no	no	1	Russian
26	Ira (28)	D	X	Online	Ukraine	X	x	X	x	1 (skype)	Russian
27	Lyubov (28)	D	Local/ commuter [161]	Online	St Petersburg region	St Petersburg, Birth in Luga	1/1	1	no	1	Russian
28	Rada* (34)	D	Commuter	Contact re-established	Medvezhyegorsk	(1) St Petersburg (2) Moscow (3) St Petersburg	1/1 1/1 1/1	no	no	-	Russian
29	Valentina	D	Commuter	Online	Ukraine	(1) Kiev/Kiev (2) Kiev/Moscow	x	X	no	-	Russian
30	Inga* (26)	D	Migrant	Contact re-established	Ukraine	St Petersburg	2/0	no	no	1	Russian
31	Karina* (36)	D	Commuter	Contact re-established	Medvezhyegorsk, later moved to St Petersburg	St Petersburg	2/2	no	no	-	Russian
32	Nyurguyaana	D	Commuter	Gatekeeper	Yakutsk	St Petersburg	1/x	X	X	-	Russian
33	Irina	A	x	Online	Saransk	St Petersburg	x/1	x	x	-	Russian

[161] Lyubov was a local surrogacy worker, who attended all pregnancy appointments in St Petersburg, but relocated for the birth to where her client parents lived.

Table 2 - Client parents

	Name, age	Agency or Direct	Recruitment	Place of Origin	Place of IVF, Pregnancy and Birth	Number of Embryo Transfers and Surrogates	Children through surrogacy	Miscarriages during Surrogacy	C-section	Number of Recorded Interviews	Language
1	Katarina* (36)	(1) D (2) D	Contact re-established	St Petersburg	St Petersburg	(1) 1 (2) 1	2	no	no	1	Russian
2	Evgenya (54)	A	Snowball	St Petersburg	St Petersburg	(1) 1 ET not successful (2) 1 ET, successful, but miscarriage; No embryos remained -> terminated further attempts	0	1	no	1	Russian
3	Nadezhda (32) (wife of Arkady)	D	Gatekeeper	St Petersburg	St Petersburg	2	1	no	no	4	Russian
4	Arkady (30s) (husband of Nadezhda)	D	Snowball	St Petersburg	St Petersburg	2	1	no	no	-	Russian
5	Yana (40s)	D	Online	St Petersburg	St Petersburg	3 different surrogacy workers	x	X	X	1	Russian
6	Matvey (early 60s)	D	Snowball	St Petersburg	St Petersburg	2/1	1	no	no	1	German
7	Anastasia* (34)	D	Contact re-established	Troitsk	IVF in St Petersburg, pregnancy of surrogacy worker in her hometown, birth in Troitsk	4/3	2	yes	no	-	Russian

Table 3 - Agency employees

	Name and Function	Agency	Location	Recorded Interviews	Language
1	Malvina* (owner/manager)	Happy Baby	St Petersburg	1	Russian/English
2	Ala (secretary)	Happy Baby	St Petersburg	1	Russian
3	Vitali (legal advisor)	Happy Baby	St Petersburg	1	Russian
4	Veronica* (owner/manager)	Growing Generations	St Petersburg	1	Russian
5	Taisiya (owner/manager)	Precious Gift	St Petersburg	-	Russian
6	Alyona (secretary)	Precious Gift	St Petersburg	-	Russian
7	Ira (representative)	Precious Gift	Moscow	-	Russian
8	Vladimir (press spokesman)	Precious Gift	Moscow	-	English
9	Mirela (owner/manager)	Wonderchild	St Petersburg	-	Russian
10	Anya (secretary)	Wonderchild	St Petersburg	-	Russian
11	Alexander (owner/manager)	Promise	St Petersburg	3	Russian/English
12	Elena (curator)	Promise	St Petersburg	1	Russian
13	Sveta (representative)	Mobile Surrogacy	Moscow	-	Russian
14	Igor (country representative)	Sensible Surrogacy	St Petersburg	1	Russian
15	Grigory	Surrogacy Exclusive	St Petersburg/ Moscow	1	English

Table 4 – Medical staff in fertility clinics

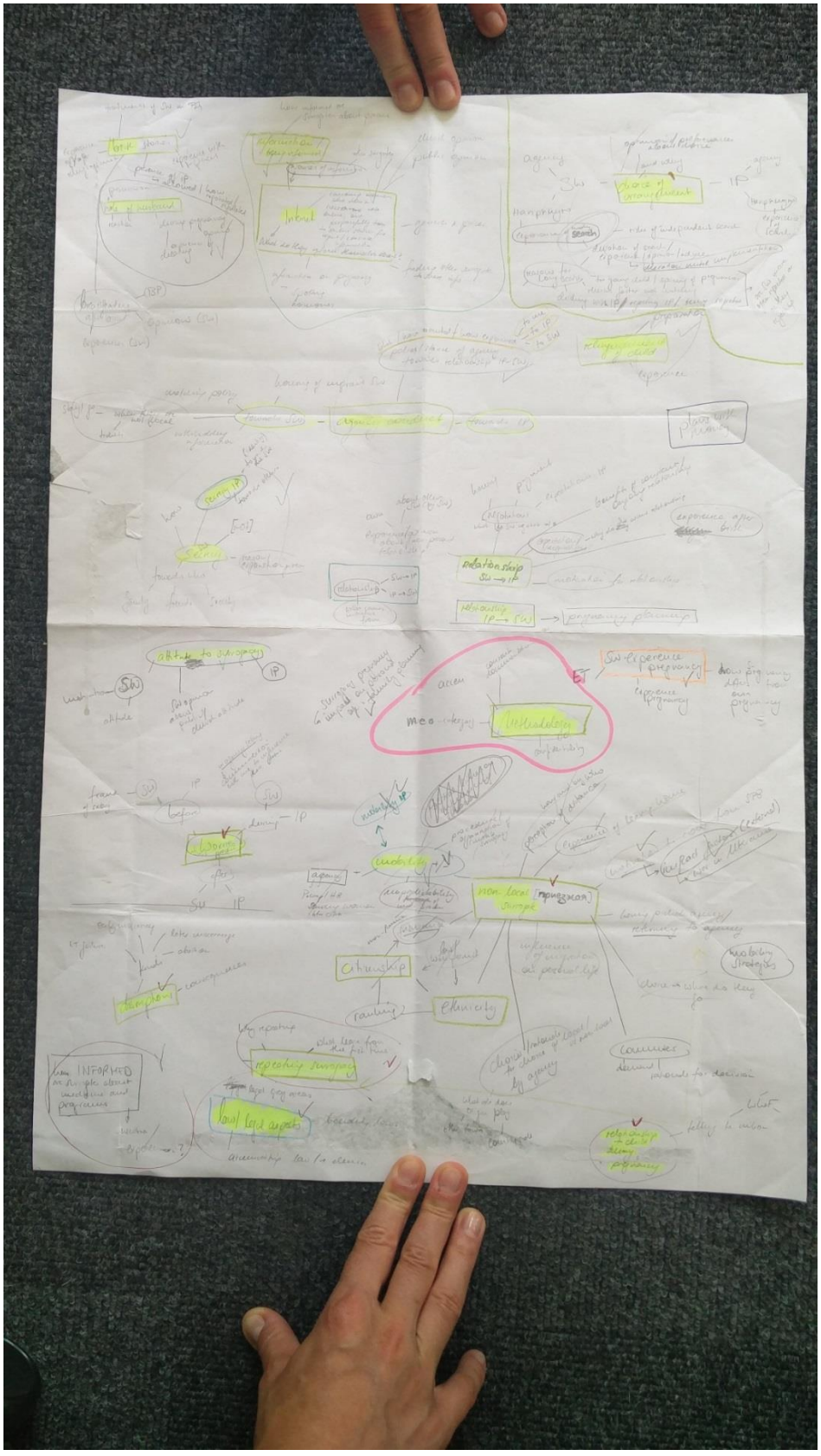
	Name	Medical Unit	Number of Recorded Interviews	Interview /Communication Language
1	Dr Andrey* (IVF Specialist)	NewLife Fertility	-	Russian
2	Dr Dimitri* (IVF Specialist)	Radiant Creation	1	Russian
3	Dr Nikolai (IVF Specialist)	Our Children Fertility Clinic	1	Russian
4	Dr Natali (IVF Specialist)	Human Reproduction Centre	-	Russian
5	Dr Danila (IVF Specialist)	Urban Fertility Clinic	1	Russian
6	Dr Alexey (IVF Specialist)	Urban Fertility Clinic	1	Russian
7	Dr Vladislav (IVF Specialist)	Family Centre	1	Russian
8	Rita (former IVF-nurse)	European Fertility Centre	1	Russian

Table 5 - Staff in maternity clinics

	Name	Medical Unit	Recorded Interviews	Interview /Communication Language
9	Dr Ivan (Psychologist)	Maternity Ward D	1	Russian
10	Dr Elvina (Senior Obstetrician)	Maternity Ward D	1	Russian
11	Dr Vasili (Obstetrician)	Maternity Ward D	1	Russian

Appendix 6 – Documentation of coding and data analysis process

6.1 Initial reading mind map (interviews and ethnographic fieldnotes)



6.2 Initial themes and sub-themes for analysis

Birth: Surrogacy workers' birth stories

SW [surrogacy worker] experiences during birth
SW experiences after birth
SW experiences of relinquishment
Breastfeeding
    SW experiences
    SW opinion
    CP [client parent/s] opinion
Presence of CP[162] allowed/how negotiated/regulated

Role of surrogacy worker's husband

Permission
Reaction
Role of husband during pregnancy
Experience

Information on how informed surrogacy workers are about the process

How informed are SW about process
Source of information

Internet

Internet as source of information to learn about
    Agencies
    Information about surrogacy pregnancy/complication etc
    Finding other SW to share information
    Public opinion

Choice of arrangement

Opinions/preferences
SW
    Direct arrangement
        Experiences/duration of search
        Reasons for long search
        Risks of independent search
    Agency arrangement
IP
    Direct arrangement
        Experiences of search
    Agency arrangement

[162] CP = client parent

Relinquishment of the child

Preparation
Experience

Agency conduct

Towards CP
Towards SW
- Matching policy
- Withdrawing information
- When SW are not local (stay? go?)

Policies/stance of agency towards relationship between CP and SW
- What they tell me
- What SW/CP tell me

Secrecy

SW
- Towards who?
  - Own family
  - Friends
  - Society
- How
- No secrecy

CP – towards who and how

Relationship surrogacy worker to client parents

Experiences/opinions on non-personal relationship (own or of other SW)
Negotiations
- Housing
- Payment
- Expectations of CP

Benefits of ongoing relationship
Expectations
Imaginations
Motivations for establishing relationship
Experience after birth
Expectations for after birth

Relationship client parents to surrogacy worker

Pregnancy planning

Attitude to surrogacy

SW
- Motivation
- Attitude
- SW opinion about public/church attitude

CP

Worries

Before
- SW
- CP

During
- SW
  - How to organise it/hide it
- CP

After

Mobility

Mobility CP
Agency – sending women between Moscow and St Petersburg
Procedure, organisation
Unpredictability

Non-local surrogacy worker

Perception of distance
Experience of leaving home (for the first time)
Motivation
- External impact factors; war in Ukraine

Housing provided by agency
Returning to work with agency
Choice where to go
Commuting
- On demand
- Rationale for decision

Migration
- Temporary
- Influence on personal life

Insurance
Work permit for foreigners

Surrogacy worker citizenship

Insurance
Ranking between SW

Surrogacy worker ethnicity

Ranking

Repeating surrogacy

Why repeating
What learnt from first time

Law/legal aspects

Legal grey areas
Bending laws (who does)
Circumventing laws

Disruptions

Kinds of disruptions
- Embryo transfer failure
- Miscarriage
- Late miscarriage
- Abortion

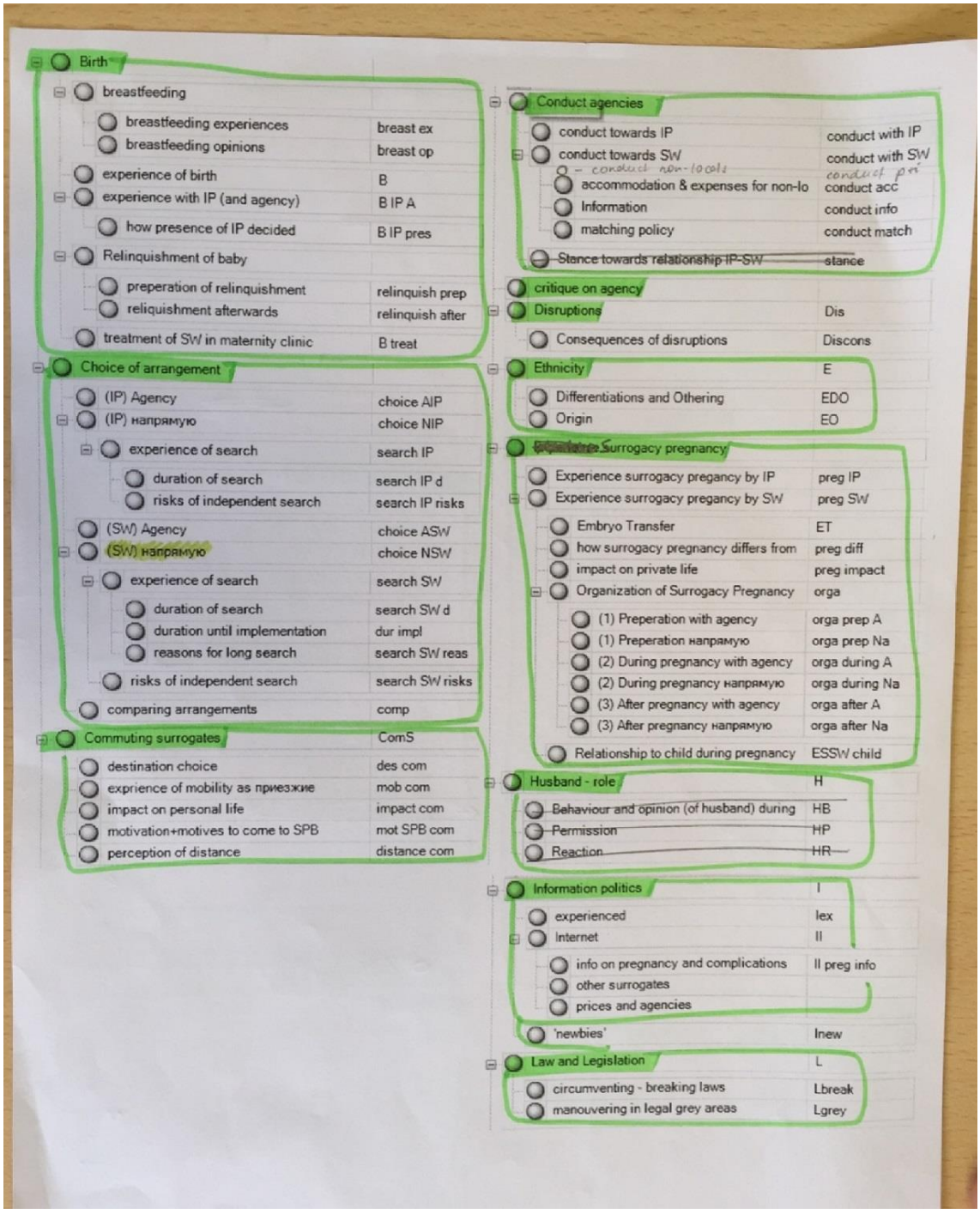
Consequences for SW

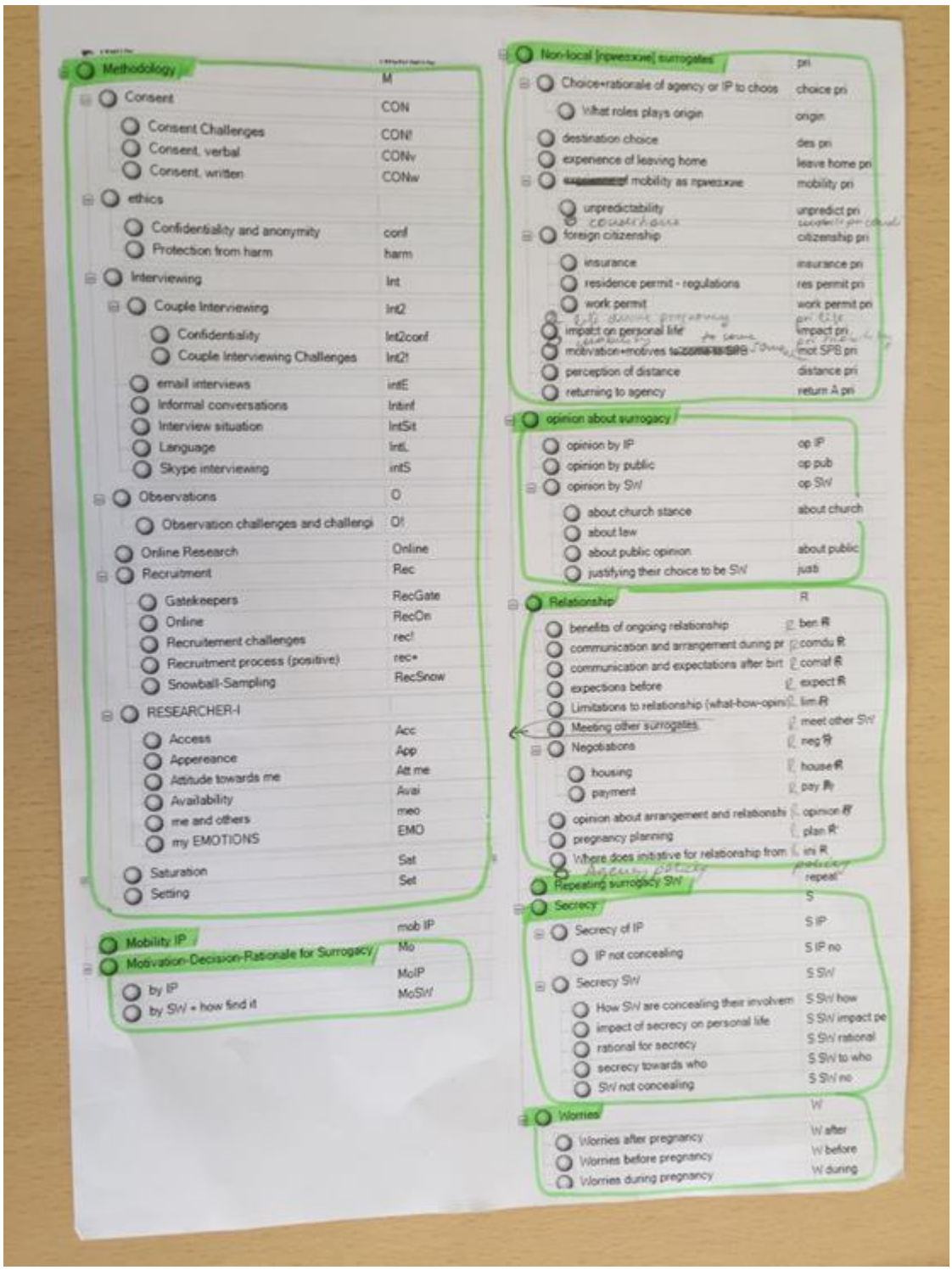
Relationship to child during pregnancy

Telling
Intentions

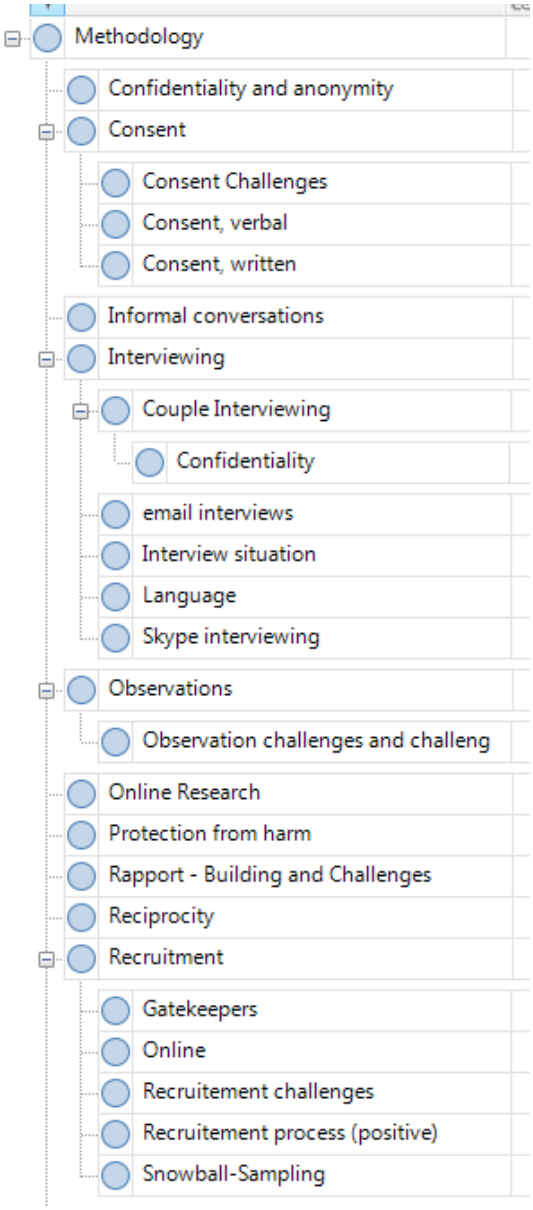
6.3 Coding systems for Nvivo

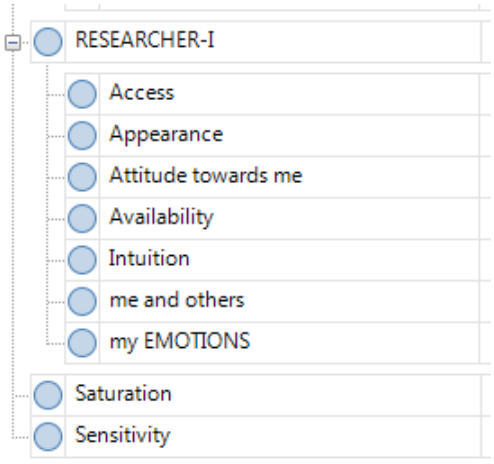
6.3.1 Coding system for empirical findings; project 1 and project 2 (interviews and fieldnotes)



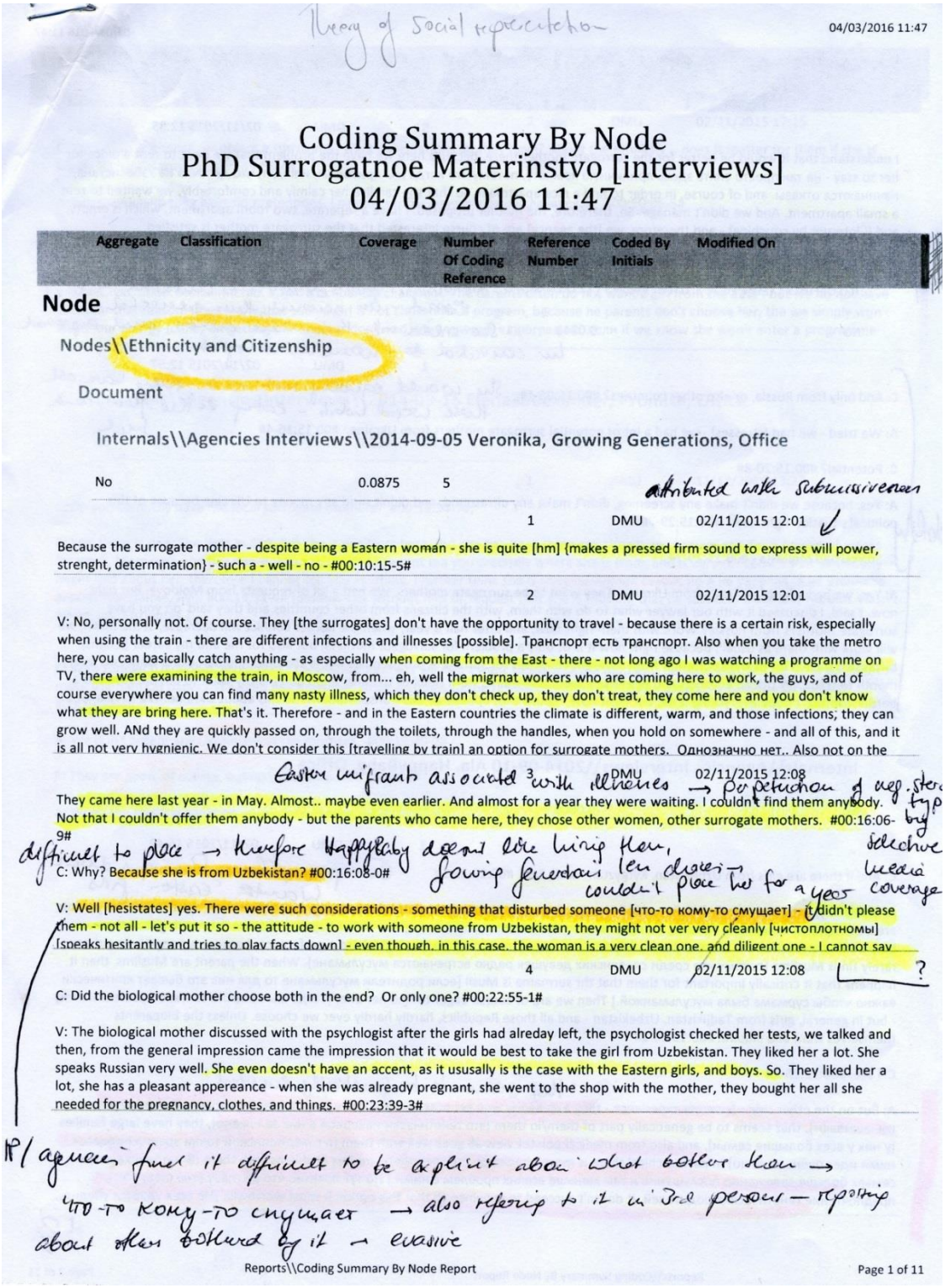

Methodology
Consent
Consent Challenges
Consent, verbal
Consent, written
ethics
Confidentiality and anonymity
Protection from harm
Interviewing
Couple Interviewing
Confidentiality
Couple Interviewing Challenges
email interviews
Informal conversations
Interview situation
Language
Skype interviewing
Observations
Observation challenges and challengi
Online Research
Recruitment
Gatekeepers
Online
Recruitement challenges
Recruitment process (positive)
Snowball-Sampling
RESEARCHER-I
Access
Appereance
Attitude towards me
Availability
me and others
my EMOTIONS
Saturation
Setting
Mobility IP
Motivation-Decision-Rationale for Surrogacy
by IP
by SW + how find it
Non-local [npwezxxw[surrogates
Choice+rationale of agency or IP to choos
What roles plays origin
destination choice
experience of leaving home
mobility as npwezxxw
unpredictability
foreign citizenship
insurance
residence permit - regulations
work permit
impact on personal life
motivation+motives
perception of distance
returning to agency
opinion about surrogacy
opinion by IP
opinion by public
opinion by SW
about church stance
about law
about public opinion
justifying their choice to be SW
Relationship
benefits of ongoing relationship
communication and arrangement during pr
communication and expectations after birt
expections before
Limitations to relationship (what-how-opin
Meeting other surrogates
Negotiations
housing
payment
opinion about arrangement and relationshi
pregnancy planning
Where does initiative for relationship from
Repeating surrogacy SW
Secrecy
Secrecy of IP
IP not concealing
Secrecy SW
How SW are concealing their involvem
impact of secrecy on personal life
rational for secrecy
secrecy towards who
SW not concealing
Worries
Worries after pregnancy
Worries before pregnancy
Worries during pregnancy

6.3.2 Coding system for methodological insights; project 3 (interviews and fieldnotes)





6.4 Example of working with coded fieldnotes; example code “Ethnicity”



Theory of social representation

04/03/2016 11:47

Coding Summary By Node
PhD Surrogatnoe Materinstvo [interviews]
04/03/2016 11:47

Aggregate	Classification	Coverage	Number Of Coding Reference	Reference Number	Coded By Initials	Modified On

Node

Nodes\\Ethnicity and Citizenship

Document

Internals\\Agencies Interviews\\2014-09-05 Veronika, Growing Generations, Office

No 0.0875 5

attributed with subconsciousness

1 DMU 02/11/2015 12:01

Because the surrogate mother - despite being a Eastern woman - she is quite [hm] {makes a pressed firm sound to express will power, strenght, determination} - such a - well - no - #00:10:15-5#

2 DMU 02/11/2015 12:01

V: No, personally not. Of course. They [the surrogates] don't have the opportunity to travel - because there is a certain risk, especially when using the train - there are different infections and illnesses [possible]. Транспорт есть транспорт. Also when you take the metro here, you can basically catch anything - as especially when coming from the East - there - not long ago I was watching a programme on TV, there were examining the train, in Moscow, from... eh, well the migrnat workers who are coming here to work, the guys, and of course everywhere you can find many nasty illness, which they don't check up, they don't treat, they come here and you don't know what they are bring here. That's it. Therefore - and in the Eastern countries the climate is different, warm, and those infections; they can grow well. ANd they are quickly passed on, through the toilets, through the handles, when you hold on somewhere - and all of this, and it is all not very hygienic. We don't consider this [travelling by train] an option for surrogate mothers. Однозначно нет.. Also not on the

Eastern migrants associated with illnesses → perpetuation of neg. ster

3 DMU 02/11/2015 12:08

They came here last year - in May. Almost.. maybe even earlier. And almost for a year they were waiting. I couldn't find them anybody. Not that I couldn't offer them anybody - but the parents who came here, they chose other women, other surrogate mothers. #00:16:06-9#

difficult to place → therefore happy baby agent like living them, leaving fewer kids closer → couldn't place her for a year

C: Why? Because she is from Uzbekistan? #00:16:08-0#

selective media coverage

V: Well [hesistates] yes. There were such considerations - something that disturbed someone [что-то кому-то смущает] - it didn't please them - not all - let's put it so - the attitude - to work with someone from Uzbekistan, they might not ver very cleanly [чистоплотномы] [speaks hesitantly and tries to play facts down] - even though, in this case, the woman is a very clean one, and diligent one - I cannot say

4 DMU 02/11/2015 12:08 ?

C: Did the biological mother choose both in the end? Or only one? #00:22:55-1#

V: The biological mother discussed with the psychlogist after the girls had alreday left, the psychologist checked her tests, we talked and then, from the general impression came the impression that it would be best to take the girl from Uzbekistan. They liked her a lot. She speaks Russian very well. She even doesn't have an accent, as it ususally is the case with the Eastern girls, and boys. So. They liked her a lot, she has a pleasant appereance - when she was already pregnant, she went to the shop with the mother, they bought her all she needed for the pregnancy, clothes, and things. #00:23:39-3#

R/ agencies find it difficult to be explicit about what bothers them →

что-то кому-то смущает → also reverts to it in 3rd person — protects about often bothered by it → evasive

Aggregate	Classification	Coverage	Number Of Coding Reference	Reference Number	Coded By Initials	Modified On
				5	DMU	02/11/2015 12:35

I understand that it would be better for the surrogate mother there, because here we have the problem that we have to rent a place for her to stay - не так просто снять здесь приличную комнату, потому что когда мы приходим, и видят, что девочка из Узбекистана, начинаются отказы. and of course, in order to find a nice apartment, so that she can live her calmly and comfortably, we wanted to rent a small apartment. And we didn't manage. So, therefore, the mother proposed: I have a seperate, two room apartment, which is empty, and [I interupt by coughing] - and therefore, we [the agency] are of course interested that the surrogate mother is satisfied.

Internals\\Agencies Interviews\\2014-09-09 Alexander, Promise, Office (1+2)

No		0.0348	1	1	DMU	02/11/2015 12:57

C: And only from Russia, or also other countries? #00:15:06-4#

A: We tried - we had [stresses] - we had a lot of potential surrogate mothers from Ukraine. #00:15:16-4#

C: Potential? #00:15:20-8#

A: Yes, because we didn't make any screening, didn't make any ultrasound, and didn't send any money to Ukraine because of this political situation right now. #00:15:29-7#

C: So you had requests - #00:15:29-7#

A: Yes, we had a lot of requests from Ukraine. They want to be surrogate mothers. We had a lot of requests from Moldova. But right now, I said, I discussed it with our lawyer what to do with them, with the citizens from other countries and they said 'do you have surrogate mothers from Russia? Work with them right now, and after half a year, when the border conflict will decrease, settle down, we will work with them as usual'. Because right now it is ot only a problem for surrogate mothers, but also for me and my career [laughs] because I have a lot of transportation from different countries for surrogate programmes in the Ukraine. And Barcelona wants me every month to transport frozen embryos and eggs from Spain to Ukraine, from Delhi to Ukraine, and I don't know what to do. Because it is a border conflict. I hope everything is ok, but right now I pause this, I pause all this transportations. So this about Ukraine. We have a lot of

Internals\\Agencies Interviews\\2014-09-10 Ala, HappyBaby, Office

No		0.0606	2	1	DMU	02/11/2015 16:42

C: And if there are girls from Uzbekistan, Kyrgyztan - well, East #00:12:35-5#

A: Extremely, extremely rarely [крайне, крайне редко] we accept such girls, that is because the bioparents dont want them. The parents are essentially [в основном] Russian, Europeans, they don't want such Eastern girls - well it happens that we take such girls if the bioparents themselves are Eastern people [восточные люди], and for them [such girls] are a preference, because among Slavic girl one rarely finds Muslims [потому что среди славянских девушек редко встречаются мусульмане]. When the parent are Muslims, then it happens that it critically important for them that thr surmama is Musli [если родители мусульмане то для них это бывает критически важно чтобы сурмама была мусульманкой.] Then we are of course eager to find her one. [Тогда мы конечно такую стараемся найти] - but in general, girls from Tadjikistan, Uzbekistan - and all those Republics, hardly hardly ever we choose. Unless the bioparents themselves want and inquire. #00:13:25-2#

C: I see. #00:13:25-2#

A: But on the other side - from my experience - they excellently well get pregnant and carry pregnancies [прекрасный беременеют и вынащивают], that seems to be genetically part of them/in them [это генетически наверное в них заложено], they have large families [у них у всех большие семьи], and also from medical pointof view all goes well with them [и с медицинской точки зрения процесс с ними идет очень хорошо] In partriarchical there is more obedience and then there are less problems with them [В патриархальных семьях больше заложенно послушание и там меньше всяких проблем с ними.] Но тут поянтно что во главу угла ставится предпочтение генетических родителей. It doesn't succeed to convince all that this option is most worthwile [Не всех удается убедить,

Appendix 7 – Legal documents about surrogacy in Russia

7.1 Medical Order Nr. 107 of the Russian Federation

7.1.2 Russian version

Приказ Министерства здравоохранения РФ от 30 августа 2012 г. № 107н "о порядке использования вспомогательных репродуктивных технологий, противопоказаниях и ограничениях к их применению"

11. При подготовке к программе ВРТ на этапе оказания первичной специализированной медико-санитарной помощи для определения относительных и абсолютных противопоказаний к применению ВРТ мужчине и женщине проводится обследование, которое включает:

а) определение антител к бледной трепонеме в крови;

б) определение антител класса M, G к вирусу иммунодефицита человека (далее - ВИЧ) 1, 2, к антигену вирусного гепатита B и C, определение антигенов вируса простого герпеса в крови;

в) микроскопическое исследование отделяемого половых органов на аэробные и факультативно-анаэробные микроорганизмы, на грибы рода кандида, паразитологическое исследование на атрофозоиты трихомонад;

г) микробиологическое исследование на хламидии, микоплазму и уреаплазму;

д) молекулярно-биологическое исследование на вирус простого герпеса 1, 2, на цитомегаловирус.

12. Женщинам выполняются:

а) общий (клинический) анализ крови, анализ крови биохимический общетерапевтический, коагулограмма (ориентировочное исследование системы гемостаза);

б) общий анализ мочи;

в) определение антител класса M, G к вирусу краснухи в крови;

г) микроскопическое исследование влагалищных мазков;

д) цитологическое исследование шейки матки;

е) ультразвуковое исследование органов малого таза;

ж) флюорография легких (для женщин, не проходивших это исследование более 12 месяцев);

з) регистрация электрокардиограммы;

и) прием (осмотр, консультация) врача-терапевта.

13. Женщинам старше 35 лет проводится маммография. Женщинам до 35 лет выполняется ультразвуковое исследование молочных желез, при выявлении по результатам ультразвукового исследования признаков патологии молочной железы проводится маммография.

14. Женщинам, имеющим в анамнезе (в том числе у близких родственников) случаи врожденных пороков развития и хромосомных болезней, женщинам, страдающим первичной аменореей, назначается осмотр (консультация) врача-генетика и исследование хромосомного аппарата (кариотипирование).

15. При выявлении эндокринных нарушений назначается осмотр (консультация) врача-эндокринолога, проводится ультразвуковое исследование щитовидной железы и паращитовидных желез, почек и надпочечников.

(...)

Суррогатное материнство

77. Суррогатное материнство представляет собой вынашивание и рождение ребенка (в том числе преждевременные роды) по договору, заключаемому между суррогатной матерью (женщиной, вынашивающей плод после переноса донорского эмбриона) и потенциальными родителями, чьи половые клетки использовались для оплодотворения (далее - генетическая мать и генетический отец), либо одинокой женщиной (далее также - генетическая мать), для которых вынашивание и рождение ребенка невозможно по медицинским показаниям*(3).

78. Суррогатной матерью может быть женщина в возрасте от двадцати до тридцати пяти лет, имеющая не менее одного здорового собственного ребенка, получившая медицинское заключение об удовлетворительном состоянии здоровья, давшая письменное информированное добровольное согласие на медицинское вмешательство. Женщина, состоящая в браке, зарегистрированном в порядке, установленном законодательством Российской Федерации, может быть суррогатной матерью только с письменного согласия супруга. Суррогатная мать не может быть одновременно донором яйцеклетки*(4).

79. Показаниями к применению суррогатного материнства являются:

а) отсутствие матки (врожденное или приобретенное);

б) деформация полости или шейки матки при врожденных пороках развития или в результате заболеваний;

в) патология эндометрия (синехии, облитерация полости матки, атрофия эндометрия);

г) заболевания (состояния), включенные в Перечень противопоказаний;

д) неудачные повторные попытки ЭКО (3 и более) при неоднократном получении эмбрионов хорошего качества, перенос которых не приводит к наступлению беременности;

е) привычное невынашивание беременности (3 и более самопроизвольных выкидыша в анамнезе).

80. Противопоказанием для переноса эмбрионов суррогатной матери является наличие у нее заболеваний (состояний), включенных в Перечень противопоказаний.

81. Участие суррогатной матери в лечении бесплодия ВИЧ-инфицированных потенциальных родителей допускается на основе ее информированного добровольного согласия, полученного после консультации врачом-инфекционистом Центра по профилактике и борьбе со СПИДом и инфекционными заболеваниями и предоставления ей полной информации о возможных рисках для её здоровья.

82. Обследование суррогатной матери проводится в соответствии с пунктами 11-13 и 15 настоящего Порядка.

83. При реализации программы суррогатного материнства проведение базовой программы ЭКО состоит из следующих этапов:

а) синхронизация менструальных циклов генетической матери и суррогатной матери;

б) стимуляция суперовуляции генетической матери с применением лекарственных препаратов фармакотерапевтических групп гонадотропинов, менотропинов, аналогов или антагонистов гонадотропин-рилизинг гормона, зарегистрированных в установленном порядке на территории Российской Федерации, в соответствии с инструкцией по применению, при этом коррекция доз и внесение изменений в протокол стимуляции суперовуляции осуществляются индивидуально, с учетом результатов мониторинга ответа яичников и состояния эндометрия на стимуляцию суперовуляции;

в) пункция фолликулов генетической матери трансвагинальным доступом под контролем ультразвукового исследования для получения яйцеклеток (при

невозможности выполнения трансвагинального доступа ооциты могут быть получены лапароскопическим доступом);

г) инсеминация ооцитов генетической матери специально подготовленной спермой мужа (партнера) или донора;

д) культивирование эмбрионов;

е) перенос эмбрионов в полость матки суррогатной матери (следует переносить не более 2 эмбрионов, решение о переносе 3 эмбрионов принимается суррогатной матерью посредством дачи информированного добровольного согласия после предоставления полной информации лечащим врачом о высоком риске невынашивания многоплодной беременности, низкой выживаемости и высоком риске инвалидности среди недоношенных детей).

ГАРАНТ.РУ: http://www.garant.ru/products/ipo/prime/doc/70218364/#ixzz3pOBieYiD [accessed 23/10/15]

7.1.2 English translation

The Order № 107 by the Ministry of Health of the Russian Federation, August 30, 2012 "on the Use of Assisted Reproductive Technologies, Contraindications and Limitations to their Use"

(…)

11. In preparation for the ART programme at the stage of primary specialized health care to determine relative and absolute contraindications to the use of ART, a male and female survey is conducted, which includes:

a) determination of antibodies to Treponema pallidum in the blood;

b) determination of antibodies of class M, G to human immunodeficiency virus (hereinafter - HIV) 1 and 2, to the antigen of hepatitis B and C, the determination of a herpes simplex virus antigen in the blood;

c) microscopic examination of genitals for aerobic and facultative anaerobic microorganisms, fungi of the genus Candida on, parasitological research on trichomoniasis

d) microbiological testing for chlamydia, mycoplasma and ureaplasma;

d) Molecular biology studies on herpes simplex virus 1 and 2, cytomegalovirus.

12. Women are tested for:

a) the general (clinical) blood count, blood chemistry General therapy, coagulation (tentative study of the hemostatic system);

b) urinalysis;

c) determination of antibodies of class M, G to rubella virus in the blood;

d) microscopic examination of vaginal smear;

d) cytological examination of the cervix;

e) ultrasound of the pelvic organs;

g) photoroentgenography light (for women who have not passed this study less than 12 months ago);

h) registration of the electrocardiogram;

i) approval by practitioner (inspection, consultation).

13. Women over 35 years have to undergo mammography. Women under the age of 35 have to undergo a breast ultrasound, if pathology of mammal glands is detected as the result of an ultrasound, a breast mammogram is performed.

14. Women who have a history (including close relatives) of cases of congenital malformations and chromosomal diseases, and women suffering from primary amenorrhea are appointed an examination (consultation) of a geneticist and the examination of a chromosomal apparatus (karyotyping).

15. If identifying endocrine disorders, an examination (consultation) by an endocrinologist, an ultrasound study of thyroid and parathyroid are appointed.

(…)

Surrogate Motherhood

77. Surrogate motherhood constitutes the gestation and the birth of a child (including premature delivery) under a contract, concluded between the surrogate mother (the woman who carries the child after the transfer of donor embryos) and the prospective parents, whose gamete were used for the fertilisation (hereinafter – genetic mother and genetic father), for who gestating and giving birth to the child is not possible for medical reasons.

78. The surrogate mother may be a woman between the age of twenty and thirty-five years, who has at least one healthy child of their own, has received a medical certificate of good health, and gave written informed consent to the medical intervention. A married woman and registered in accordance with the legislation of the Russian Federation, can be a surrogate mother only with the written consent of the spouse. A surrogate mother cannot be the egg donor at the same time.

79. Indications for the use of surrogate motherhood are:

a) the absence of the uterus (congenital or acquired);

b) deformation of the cavity or cervix in congenital malformations or due to disease;

c) endometrial pathology (adhesions, obliteration of the uterine cavity, endometrial atrophy);

d) diseases included in the list of contraindications;

d) repeated unsuccessful IVF attempts (3 or more) after repeated receipt of good quality embryos, a transfer which does not result in pregnancy;

e) habitual miscarriage (3 or more spontaneous abortions).

80. Contraindications for embryo transfer to a surrogate mother is the presence of an illness included in the list of contraindications.

81. The participation of a surrogate mother in the infertility treatment of HIV-positive prospective parents is allowed on the basis of her informed consent after consultation with a doctor of the Centre for Prevention and Control of AIDS and Infectious Diseases and providing her with information on the possible risks to her health.

82. The examination of the surrogate mother is performed in accordance with paragraphs 11-13 and 15 of this Order.

83. The implementation the programme of surrogate motherhood for a basic IVF programme involves the following steps:

a) synchronization of menstrual cycles of the genetic mother and the surrogate mother;

b) stimulation for superovulation of the genetic mother using drugs of the pharmacological group of gonadotropins menotropins, analogs or antagonists of gonadotropin-releasing hormone, registered in the Russian Federation, in accordance with the instructions for usage, while the dose adjustment and modification to the superovulation stimulation protocol is to be carried out individually, taking into account the results of monitoring the response of the ovaries and the condition of the endometrium to the superovulation;

c) follicular puncture of the genetic mother (transvaginal access) under ultrasound control for eggs retrieval (if transvaginal access oocytes cannot be performed, they will be retrieved through laparoscopy);

d) insemination of the genetic mother’s oocytes with specially prepared sperm of her husband (partner) or donor;

d) cultivation the embryo;

e) transfer of embryos into the uterus of the surrogate mother (no more than two embryos should be transferred, the surrogate mother takes the decision to transfer three embryos after giving informed consent after receiving full information by a doctor about the high risk of miscarriage of multiple pregnancies, low survival chances and high risks of disability among preterm infants).

7.2 Federal Law on Citizens' Health № 323

7.2.1 Russian version

Федеральный закон от 21.11.2011 N 323-ФЗ (ред. от 03.07.2016) "Об основах охраны здоровья граждан в Российской Федерации" (с изм. и доп., вступ. в силу с 01.01.2017)

Статья 55. Применение вспомогательных репродуктивных технологий

1. Вспомогательные репродуктивные технологии представляют собой методы лечения бесплодия, при применении которых отдельные или все этапы зачатия и раннего развития эмбрионов осуществляются вне материнского организма (в том числе с использованием донорских и (или) криоконсервированных половых клеток, тканей репродуктивных органов и эмбрионов, а также суррогатного материнства).

2. Порядок использования вспомогательных репродуктивных технологий, противопоказания и ограничения к их применению утверждаются уполномоченным федеральным органом исполнительной власти.

3. Мужчина и женщина, как состоящие, так и не состоящие в браке, имеют право на применение вспомогательных репродуктивных технологий при наличии обоюдного информированного добровольного согласия на медицинское вмешательство. Одинокая женщина также имеет право на применение вспомогательных репродуктивных технологий при наличии ее информированного добровольного согласия на медицинское вмешательство.

4. При использовании вспомогательных репродуктивных технологий выбор пола будущего ребенка не допускается, за исключением случаев возможности наследования заболеваний, связанных с полом.

5. Граждане имеют право на криоконсервацию и хранение своих половых клеток, тканей репродуктивных органов и эмбрионов за счет личных средств и иных средств, предусмотренных законодательством Российской Федерации.

6. Половые клетки, ткани репродуктивных органов и эмбрионы человека не могут быть использованы для промышленных целей.

7. Быть донорами половых клеток имеют право граждане в возрасте от восемнадцати до тридцати пяти лет, физически и психически здоровые, прошедшие медико-генетическое обследование.

8. При использовании донорских половых клеток и эмбрионов граждане имеют право на получение информации о результатах медицинского, медико-генетического обследования донора, о его расе и национальности, а также о внешних данных.

9. Суррогатное материнство представляет собой вынашивание и рождение ребенка (в том числе преждевременные роды) по договору, заключаемому между суррогатной матерью (женщиной, вынашивающей плод после переноса донорского эмбриона) и потенциальными родителями, чьи половые клетки использовались для оплодотворения, либо одинокой женщиной, для которых вынашивание и рождение ребенка невозможно по медицинским показаниям.

10. Суррогатной матерью может быть женщина в возрасте от двадцати до тридцати пяти лет, имеющая не менее одного здорового собственного ребенка, получившая медицинское заключение об удовлетворительном состоянии здоровья, давшая письменное информированное добровольное согласие на медицинское вмешательство. Женщина, состоящая в браке, зарегистрированном в порядке, установленном законодательством Российской Федерации, может быть суррогатной матерью только с письменного согласия супруга. Суррогатная мать не может быть одновременно донором яйцеклетки.

7.2.2 English translation

Federal Law No. 323-FZ of November 21, 2011 (as amended on 03.07.2016) "On the protections of the health of citizens of the Russian Federation" (with amendments, signed into force on 01/01/2017)

Article 55. Use of assisted reproductive technologies

1. Assisted reproductive technologies are methods of treating infertility, in which application individual or all stages of conception and early development of embryos are carried out outside the maternal organism (including using donor and (or) cryopreserved germ cells, tissues of reproductive organs and embryos, and also Surrogate motherhood).
2. The procedure for the use of assisted reproductive technologies, contraindications and restrictions to their use are to be approved by the authorized federal executive body.
3. A man and a woman, both married and unmarried, have the right to use assisted reproductive technologies in the presence of mutual, informed and voluntary consent to medical intervention. A single woman also has the right to use assisted reproductive technologies in the presence of her informed voluntary consent to medical intervention.
4. The use of assisted reproductive technologies does not allow to choose the sex of the unborn child, except for the cases of the possibility of inheriting sex-related diseases.
5. Citizens have the right to cryopreservation and storage of their gametes, tissues of reproductive organs and embryos at their own expense and other means provided for by the legislation of the Russian Federation.
6. Gametes, tissues of reproductive organs and human embryos cannot be used for industrial purposes.
7. Citizens aged eighteen to thirty-five, who are physically and mentally healthy and who have undergone medical genetic examination, are entitled to be gamete donors.
8. Citizens who use donor gamete and embryos have the right to receive information on the results of the medical, medical and genetic survey of the donor, on his [sic] race and nationality, and on phenotype.
9. Surrogate motherhood is the gestation and birth of a child (including premature birth) under a contract concluded between a surrogate mother (a woman who gestates the foetus after receiving an embryo transfer of a donated embryo) and potential parents whose gametes were used for fertilization, or a single woman, for who the gestation and birth of a child is impossible for medical reasons.

10. A surrogate mother may be a woman between the age of twenty and thirty-five, who has at least one healthy child of her own, who has received a medical certificate attesting satisfactory health status, and has given written, informed and voluntary consent for this medical intervention. A woman who is married, registered in accordance with the procedure established by the legislation of the Russian Federation, may be a surrogate mother only with the written consent of her spouse. A surrogate mother cannot simultaneously be an egg donor.
http://www.rg.ru/2011/11/23/zdorovie-dok.html (accessed 09/10/2015)

7.3 Russian Family Code

7.3.1 Russian version

"Семейный кодекс Российской Федерации" от 29.12.1995 N 223-ФЗ (ред. от 01.05.2017)

29 декабря 1995 года N 223-ФЗ

(...)

Статья 51. Запись родителей ребенка в книге записей рождений

1. Отец и мать, состоящие в браке между собой, записываются родителями ребенка в книге записей рождений по заявлению любого из них.

2. Если родители не состоят в браке между собой, запись о матери ребенка производится по заявлению матери, а запись об отце ребенка - по совместному заявлению отца и матери ребенка, или по заявлению отца ребенка (пункт 3 статьи 48 настоящего Кодекса), или отец записывается согласно решению суда.

3. В случае рождения ребенка у матери, не состоящей в браке, при отсутствии совместного заявления родителей или при отсутствии решения суда об установлении отцовства фамилия отца ребенка в книге записей рождений записывается по фамилии матери, имя и отчество отца ребенка - по ее указанию.

4. Лица, состоящие в браке и давшие свое согласие в письменной форме на применение метода искусственного оплодотворения или на имплантацию эмбриона, в случае рождения у них ребенка в результате применения этих методов записываются его родителями в книге записей рождений.

Лица, состоящие в браке между собой и давшие свое согласие в письменной форме на имплантацию эмбриона другой женщине в целях его вынашивания, могут быть записаны родителями ребенка только с согласия женщины, родившей ребенка (суррогатной матери).

7.3.2 English translation

THE FAMILY CODE OF THE RUSSIAN FEDERATION NO. 223-FZ OF DECEMBER 29, 1995 (with the Amendments and Additions of November 15, 1997, June 27, 1998, January 2, 2000, August 22, December 28, 2004, June 3, December 18, 29, 2006, July 21, 2007, June 30, 2008)

Article 51. The Entry of the Child's Parents into the Register of Births

1. The married father and mother shall be written down as the child's parents into the Register of Births upon an application of any one of them.
2. If the parents are not married, the entry about the mother shall be made upon the mother's application, and that about the father - upon a joint application of the child's father
and mother, or by an application of the child's father (Item 4, Article 48 of the present Code), or the father shall be written down in accordance with a court decision.
3. If the child is born to an unmarried mother, in the absence of a joint application of the child's parents and in the absence of the court decision on establishing the fatherhood,
the surname of the child's father in the Register of Births shall be written down as the mother's surname, and the first name and patronymic of the child's father - according to her
statement.
4. Married persons who have given their consent in written form to the artificial fertilization or to the implantation of the embryo, shall be written down in the Register of
Births if a child is born as a result of the application of these methods, as this child's parents.
The married persons who have given their consent in written form to the implantation of an embryo in another woman for bearing it, may be written down as the child's parents
only with the consent of the woman who has given birth to the child (of the surrogate mother).

7.4 Embryo transfer document for birth clinic

7.4.1 Russian version

СПРАВКА №

Справка дана_____., в том что
_____г/рождения , является суррогатной мамой.

года в ООО « :» обратились пациенты _____(ЭК №), г.р. (паспорт : серия) и
_____(ЭК №) , г.р. (паспорт: серия) для проведения ЭКО с последующим переносом эмбрионов суррогатной матери _____(ЭК №), г.р. (паспорт: серия).

г- согласно добровольному информированному согласию биологических родителей_____. проведен перенос 2 эмбрионов (полученных при проведении процедуры ЭКО/ИКСИ) суррогатной маме_____. (согласно добровольному информированному согласию стать суррогатной матерью). В результате лечения наступила беременность.

Пациентка _____г/р состоит на Д-учете по беременности в ООО Центр репродукции с 5 недель беременности. Проведено клинико-лабораторное, инструментальное обследование согласно плана ведения беременности.

В случае рождения ребенка у _____(суррогатная мать), генетическими родителями будут являться_____.

7.4.2 English translation

Form Nr.

This from is given to _____ to certify that _____ [name], _____ [date of birth], is a surrogate mother.

On _____ [date of consultation], the patients _____ [patient number], _____ [date of birth], _____[passport number] and patients _____ [patient number], _____ [date of birth], _____[passport number] requested an IVF treatmeant, followed by an embryo transfer to _____ [name], the surrogate mother.

Following the voluntary, informed consent of the biological parents _____, two embryos (as a result of the IVF procedure) were transferred to the surrogate mother _____ (who gave voluntary, informed consent to be a surrogate mother). This treatment resulted in a pregnancy.

The patient _____ [name of surrogate mother, date of birth] is under prenatal care in the Centre for Reproduction XX since the 5th week of pregnancy.

In the case of childbirth by _____ [surrogate mother], _____ will be the genetic parents.

7.5 Clinical consent agreement of surrogate mother for embryo transfer

7.5.1 Russian version

Приложение № 2
к Договору №____
от _____201_ года.

ЗАЯВЛЕНИЕ-СОГЛАСИЕ

Суррогатной матери на проведение процедуры ЭКО

и переноса донорских эмбрионов

г. Санкт-Петербург _____ 201_ года

1. _____, дата рождения: _____, паспорт _____, выдан _____, дата выдачи: _____, зарегистрированная по адресу: _____, гражданка России, добровольно изъявляю желание стать Суррогатной матерью ребенка (детей), в результате проведенной мне хирургическим методом подсадки/переноса/ донорских эмбрионов, полученных в результате проведения процедуры ЭКО с использованием биоматериала генетических родителей (супружеской пары/пары, не состоящей в браке, или одинокой женщины), а также донорского биоматериала в клинике_____договор №_____ об оказании медицинских услуг от «___»_____»200___года.

2. Я заявляю, что изложила врачу Клиники все известные мне данные о состоянии своего здоровья, наследственных, венерических, психических и других заболеваниях в моей семье.

ФИО, подпись, дата_____

3. Я понимаю, что эти данные, а также результаты моего обследования будут сообщены не только мне, но и Доверителям по Договору.

ФИО, подпись, дата_____

4. Мне разъяснены методика и порядок проведения процедур ЭКО и мне понятно, что для наступления беременности может потребоваться не одна попытка, попытки переноса эмбриона могут оказаться безрезультатными.

ФИО, подпись, дата_____

5. Я предупреждена, что, как и при естественном зачатии, беременность может оказаться многоплодной, внематочной, что беременность и роды могут сопровождаться рядом осложнений, в том числе угрозой прерывания, выкидышем, кровотечением во время беременности, что может потребовать лечения в стационаре длительное время, а также соблюдение строгого постельного режима и приема дополнительных препаратов, в том числе гормональных.

ФИО, подпись, дата_____

6. Я обязуюсь во время проведения Программы выполнять все назначения лечащего врача Клиники, пройти при необходимости все дополнительные анализы и обследования, а также строго следовать рекомендациям лечащего врача.

ФИО, подпись, дата_____

7. Я понимаю, что принимаемые препараты могут иметь ряд побочных эффектов, с которыми я ознакомлена.

ФИО, подпись, дата_____

8. Я понимаю, что во время родов может потребоваться операция кесарева сечения в интересах моей жизни и жизни ребенка (детей), и обязуюсь своевременно подписать все необходимые для проведения операции согласия и документы.

ФИО, подпись, дата_____

9. Я понимаю, что в процессе родов могут возникнуть такие осложнения, как кровотечение, требующее переливания крови, а также, в исключительных случаях, при невозможности остановить кровотечение, удаление матки, и не буду иметь претензии к Доверителям, а также к Клинике, проводившей Программу, Клинике, ведущей беременность и Клинике, в которой проводилось родоразрешение, если это не явилось врачебной ошибкой.

ФИО, подпись, место подписания, дата

_____

7.5.2 English translation

Appendix No. 2

To the Agreement No. ____

From _____201_ of the year.

STATEMENT-CONSENT

Surrogate mother for IVF procedure

And transfer of donor embryos

St. Petersburg _____ 201_

1. _____, date of birth: _____, passport _____, issued _____, date of issue: _____, registered at address: _____, Russian citizen. I voluntarily wish to become a surrogate mother of a child (children), as a result of surgically transferring me embryos obtained as a result of IVF procedure, using the biological material of the genetic parents (married couple / unmarried couple or single woman), as well as a donor's material in the clinic _____ contract No. _____ on the provision of medical services from "___" _____ "200 ___ year.

2. I declare that I have presented the clinic doctor with all the data known to me about the state of my health as well as hereditary, venereal, mental and other diseases in my family.

Full name, signature, date _____

3. I understand that these data, as well as the results of my examination will be given not only to me, but also to the Trustees under the Treaty.

Full name, signature, date _____

4. I have been explained the methods and procedure for IVF and it is clear to me that more than one attempt may be required to initiate pregnancy as embryo transfer attempts may be ineffective.

Full name, signature, date _____

5. I have been notified beforehand that, as with natural conception, a pregnancy can be multiple, and ectopic, and that pregnancy and childbirth can be accompanied by a number of complications, including the threat of interruption, miscarriage, bleeding during pregnancy, which may require hospital treatment for a long time, as well as compliance with strict bed rest and the intake of additional drugs, including hormones.

Full name, signature, date _____

6. I oblige to fulfil all the appointments of the attending physician at the Clinic during the Programme, to pass all additional tests and examinations as necessary, and strictly follow the recommendations of the attending physician.

Full name, signature, date _____

7. I understand that the drugs can have a number of side effects, of which I am aware of.

Full name, signature, date _____

8. I understand that at the time of delivery, an operation of caesarean section may be required in the interests of my life and the life of the child (children), and I undertake to sign all necessary documents and documents for the operation in time.

Full name, signature, date _____

9. I understand that complications such as bleeding, requiring blood transfusions, and, in exceptional cases, if it is impossible to stop bleeding, removal of the uterus, may arise in the course of childbirth, and I will not have a complaint to the Trustees, as well as to the Clinic that conducted The Program, the Clinic leading the pregnancy and the Clinic in which the delivery was performed, if this was not a medical error.

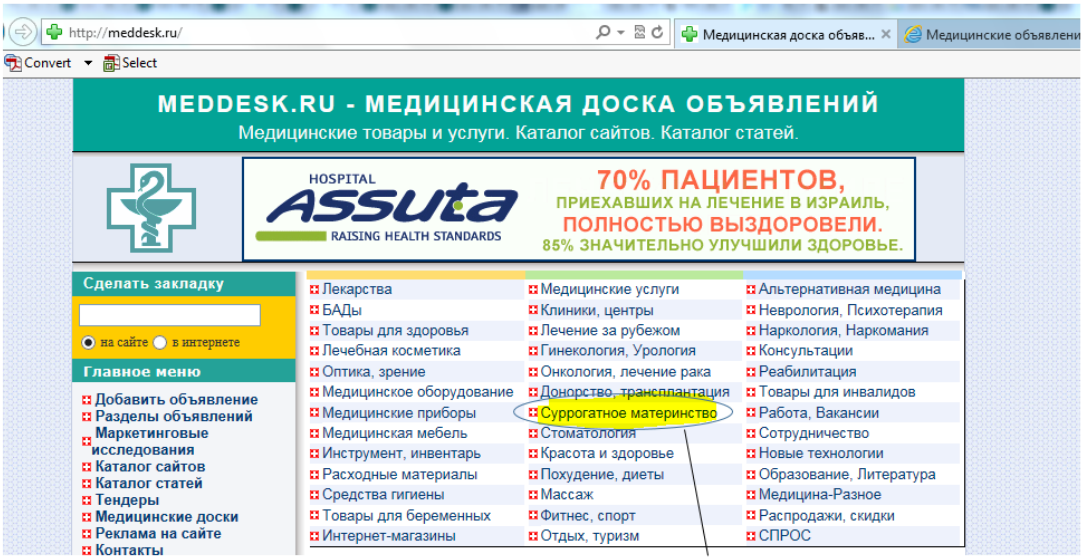
Name, signature, place of signing, date

_____

Appendix 8 – Meddesk and surrogacy online advertisements

8.1 Example screenshots and translation of the medical website Meddesk

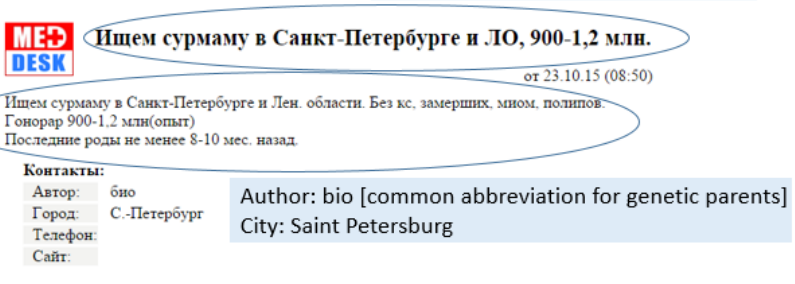
http://meddesk.ru/ (accessed 12/11/2015)



Surrogate motherhood

8.2 Advertisement by client parents searching for a surrogacy worker

We are looking for a surmama from Saint Petersburg or LO (Leninskiy Oblast), 900.000-1.200.000 ₽



Ищем сурмаму в Санкт-Петербурге и ЛО, 900-1,2 млн.

от 23.10.15 (08:50)

Ищем сурмаму в Санкт-Петербурге и Лен. области. Без кс, замерших, миом, полипов.
Гонорар 900-1,2 млн(опыт)
Последние роды не менее 8-10 мес. назад.

Контакты:

Автор:	био
Город:	С.-Петербург
Телефон:	
Сайт:	

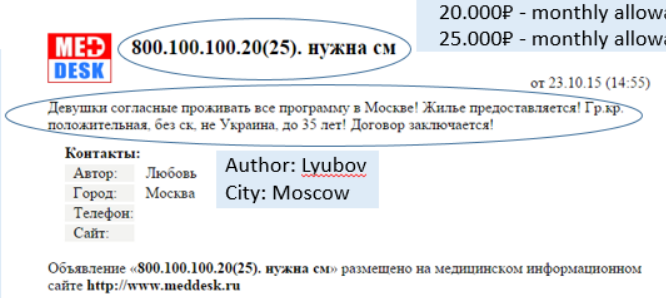
Объявление «**Ищем сурмаму в Санкт-Петербурге и ЛО, 900-1,2 млн.**» размещено на медицинском информационном сайте **http://www.meddesk.ru**

Author: bio [common abbreviation for genetic parents]
City: Saint Petersburg

We are looking for a surmama from Saint Petersburg or LO. No Caesarean Section, miscarriages, myoma, polyps. Compensation 900.000-1.200.000₽ (experience).
Last birth no less than 8-10 months ago.

8.3 Advertisement by client parents searching for a surrogacy worker

The add headline is drafted in insider jargon:
SM (surrogate mother) needed
800.000₽ - final compensation
100.000₽ - addition in case of twins
100.000₽ - addition in case of Caesarean section
20.000₽ - monthly allowance
25.000₽ - monthly allowance in case of twins



800.100.100.20(25). нужна см

от 23.10.15 (14:55)

Девушки согласные проживать все программу в Москве! Жилье предоставляется! Гр.кр. положительная, без ск, не Украина, до 35 лет! Договор заключается!

Контакты:

Автор:	Любовь
Город:	Москва
Телефон:	
Сайт:	

Объявление «**800.100.100.20(25). нужна см**» размещено на медицинском информационном сайте **http://www.meddesk.ru**

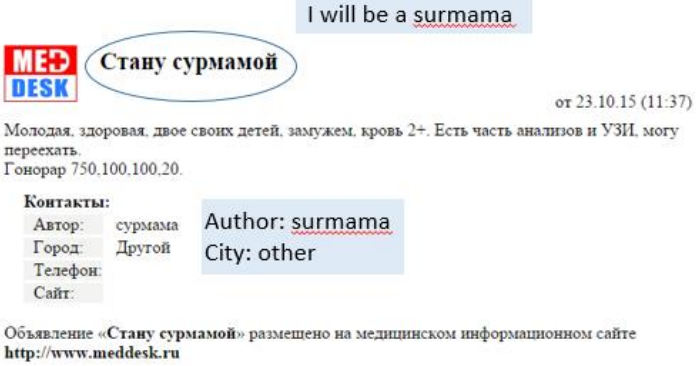
Author: Lyubov
City: Moscow

"Girls agreeing to live for the during of entire programme in Moscow! Place to live provided! Positive rhesus factor, with Caesarean section, not from Ukraine, until 35 years. Contract will be signed!"

8.4 Advertisement by a surrogacy worker searching for client parents

Young, healthy, two own children, married, blood type 2+ [A (+)]. Part of analyses exits and ultrasound. I can relocate. Compensation
750.000 ₽ - final compensation
100.000₽ - addition in case of twins
100.000₽ - addition in case of Caesarean section
20.000₽ - monthly allowance

I will be a surmama



Стану сурмамой

от 23.10.15 (11:37)

Молодая, здоровая, двое своих детей, замужем, кровь 2+. Есть часть анализов и УЗИ, могу переехать.
Гонорар 750,100,100,20.

Контакты:

Автор:	сурмама
Город:	Другой
Телефон:	
Сайт:	

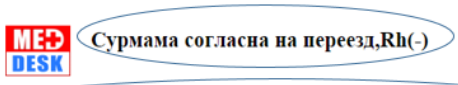
Author: surmama
City: other

Объявление «**Стану сурмамой**» размещено на медицинском информационном сайте **http://www.meddesk.ru**

8.5 Advertisement by a surrogacy worker searching for client parents

22 years, married (husband consenting), child of 3 years. No Caesarean section, no abortions. Analyses available: ultrasound, HIV, syphilis, hepatitis, the general things. Rhesus (-), but anti-rhesus anti-bodies are absent, analysis exists. Consent to relocations, compensation (expectation) not beyond the clouds.

Surmama consenting to relocation, rh(-)



Сурмама согласна на переезд,Rh(-)

от 22.10.15 (16:28)

22 года,замужем(муж согласен),ребенку 3 года.КС,абортов не было.Есть обследования:узи,вич,сифилис,гепатиты, общий мазок.Rh(-),но антирезусные антитела отсутствуют,есть анализ.Согласна на переезд,гонорар не заоблачный.

Контакты:

Автор:	Сурмама согласна на переезд,Rh(-)
Город:	УКРАИНА
Телефон:	
Сайт:	

Author: Surmama consenting to relocation, rh(-)
City: UKRAINE

Объявление «**Сурмама согласна на переезд,Rh(-)**» размещено на медицинском информационном сайте **http://www.meddesk.ru**

Appendix 9 - Agency offers for surrogacy packages

The following screenshots of Example 1 and 2 are presented deliberately without reference to the respective agency for confidentiality. Both agencies have not been participants in my study.

9.1 Example 1

Offer	Price
Program **«Cryotransport».** • Selecting [redacted] using our base. • Transportation of sperm/eggs/embryos from any country to Russia, Saint-Peterburg. • Cryotransfer of embryos. Coducting surrogacy program. Birth. Formalizations.	45 000 euros
Program **«Standard».** • Selecting [redacted] using our base. • 1 IVF try + 2 cryotransfers + 1 year of cryostorage. • Coducting surrogacy program. Birth. Formalizations.	46 000 euros
Program **«KidGuaranteed»** • This program can be offered to client after full examinations • Selecting [redacted] using our base. (1 replacement in force majeure) • Unlimited tries of IVF • Sperm or oocyte donor included (if need) • Conducting surrogacy program. Birth. Formalizations	68 000 euros
Program **«US kid»** • Realized in partnership with US agency and clinic. • This program is legal for LGBT society. • Transportation of sperm/eggs/embryos from any country or escort you to the US clinic. • Cryotransfer of embyos or 1 IVF try + 2 cryotransfers. • Conducting Surrogacy program. Birth. Formalizations	110 000 euros

9.2 Example 2

Basic Surrogacy Package

from 49,500 €

- **One IVF round** with biological material of Intended Parents
- Cryopreservation and storage of embryos at the fertility clinic for **two years**
- **One fresh embryo transfer** and **two frozen embryo transfers** to the selected Surrogate Mother
- Surrogate Mother's monthly payment during the pregnancy
- Surrogate Mother's compensation upon delivery of a healthy baby
- Surrogate Mother 's transportation and relocation costs
- All medical costs for the selected Surrogate Mother, including delivery costs
- All legal costs for the selected Surrogate Mother
- All costs for the services of the personal guide, psychologist and babysitter *(for the Surrogate Mother's own children as needed)*
- All taxes and agency fees

Premium Surrogacy Package

from 64,500 €

- **Unlimited number of IVF rounds** and **unlimited number of embryo transfers**
- Cryopreservation and storage of embryos for **unlimited period of time** until the pregnancy of the selected Surrogate Mother occurs
- Surrogate Mother's monthly payment during the pregnancy
- Surrogate Mother's compensation upon delivery of a healthy baby
- Surrogate Mother 's transportation and relocation costs
- All medical costs for the selected Surrogate Mother, including delivery costs
- All legal costs for the selected Surrogate Mother
- All costs for the services of the personal guide, psychologist and babysitter *(for the Surrogate Mother's own children as needed)*
- All taxes and agency fees
- ***Refund guarantee**, if pregnancy doesn't occur after at least four embryo transfer attempts within two years after contract signing*

Eligibility for the Intended Parents:

- age under 39 y. o. at the time of biological material delivery
- good karyotype with no abnormalities
- no less than 2 millions sperm cells in semen sample
- optimal hormone levels: FSH < 10 and AMH > 2.5
- no cytological problems

2-in-1 Surrogacy Package

from 79,500 €

- **One IVF round** with biological material of each of the two Intended Parents
- Cryopreservation and storage of embryos for **three years**
- **One fresh embryo transfer** and **two frozen embryo transfers** to each of the two selected Surrogate Mothers
- Surrogate Mothers' monthly payment during the pregnancy
- Surrogate Mothers' increased compensation upon delivery of a baby or twins
- Surrogate Mothers' transportation and relocation costs
- All medical costs for the two selected Surrogate Mother, including delivery costs
- All legal costs for the two selected Surrogate Mother
- All costs for the services of the personal guide, psychologist and babysitter *(for the Surrogate Mothers' own children as needed)*
- All taxes and agency fees
- *The package is meant for couples that wish to employ two Surrogate Mothers at the same time. This allows to increase the pregnancy success rate and save up to 20 % compared to purchasing two packages separately*

Appendix 8 - Surrogacy contract between surrogacy agency and client parents

This contract (see next page) has been obtained from an agency that has not participated in this research.

ДОГОВОР ОКАЗАНИЯ КОНСУЛЬТАЦИОННЫХ УСЛУГ № _____

Общество с ограниченной ответственностью «СБ-Консалтинг» (ООО «СБК») в лице Генерального директора Мотаева Вячеслава Викторовича, действующего на основании Устава, (в дальнейшем именуемое «Исполнитель») с одной стороны и _____ (в дальнейшем именуемая «Заказчик») с другой стороны заключили настоящий Договор ____ марта 2013 г. в г. Калининград, Российская Федерация.

ПОСКОЛЬКУ Заказчик и Исполнитель (в дальнейшем именуемые «Стороны») решили заключить настоящий Договор, согласно которому Исполнитель оказывает Заказчику консультационные услуги на условиях данного Договора, и

ПОСКОЛЬКУ Исполнитель готов оказать данные консультационные услуги Заказчику,

ПОСТОЛЬКУ Стороны заключили настоящий Договор о нижеследующем:

1. Обязательства. Настоящим Исполнитель обязуется оказать консультационные услуги, которые могут быть обоснованно затребованы Заказчиком, с учетом Договора, заключенного между Заказчиком и Суррогатной Матерью (в дальнейшем именуемой «Суррогатная Мать»).

2. Условия оказания консультационных услуг. Исполнитель обязуется в силу своих возможностей, качественно и добросовестно оказывать данного вида услуги, используя для этого свое время, усилия и опыт, необходимые для исполнения обязательств по данному Договору в течение срока его действия, в соответствии с основной целью, состоящей в минимизации затрат со стороны Заказчика.

3. Срок действия. Исполнитель приступает к исполнению обязательств с момента подписания Сторонами настоящего Договора в указанную дату и прекращает их исполнение после получения российского свидетельства о рождении на ребенка (детей), зачатие и роды которого (которых) состоятся вследствие программы гестационного суррогатного материнства (в дальнейшем именуемой «Программа») от имени Заказчика, за исключением случаев досрочного расторжения в порядке, установленном в Разделе 6 настоящего Договора.

CONSULTING AGREEMENT # _____

SB Consulting Limited Liability Company (SBC LLC) represented by the General Manager Viatcheslav Motayev acting under the Charter (hereinafter referred to as "Consultant") for one part, and _____ (hereinafter referred to as "Client") for the other part, have concluded this Agreement as of March ____, 2013 in Kaliningrad, Russian Federation.

WHEREAS, the Client and the Consultant (hereinafter referred to as "Parties") desire to enter into the Agreement whereby the Consultant will provide certain consulting services for the Client on the terms and conditions hereinafter set forth; and

WHEREAS, the Consultant is willing to provide such consulting services for the Client,

NOW, THEREFORE, the Parties hereto agree as follows:

1. Engagement. The Consultant hereby agrees to provide such consulting services for the Client as may be reasonably requested by the Client in consideration of the Agreement between the Client and Surrogate Mother (hereinafter referred to as "Surrogate Mother").

2. Extent of Consulting Services. The Consultant agrees to perform such services to the best of their ability, in a diligent and conscientious manner and to devote appropriate time, energies and skills to the obligations hereunder during the term of this Agreement and to act in a manner consistent with the primary objective of minimizing the Client's expenses.

3. Term. The engagement of the Consultant hereunder shall commence from the signing of this Agreement by the Parties on the effective date and shall cease after the receipt of the Russian birth certificate for the child (children) conceived and born in consequence of the gestational surrogacy program (hereinafter referred to as "Program") on behalf of the Client, unless earlier terminated pursuant to the Section 6 hereof.

4. Компенсация.

4.1. В качестве компенсации услуг, предусмотренных данным Договором, и исполнения обязательств Исполнителем Заказчик выплачивает Исполнителю общую сумму в размере **55 000 (пятидесяти пяти тысяч) евро** («Компенсация за консультационные услуги»), которая подлежит выплате тремя траншами. Первый транш в размере **25 000 евро** подлежит выплате по подписании настоящего Договора. Второй транш в размере **15 000 евро** подлежит выплате после подтверждения беременности Суррогатной Матери. Третий транш в размере **15 000 евро** подлежит выплате после рождения ребенка (детей). Компенсация за консультационные услуги включает в себя услуги и расходы, перечисленные в *приложении «А»*.

4.2. Если четвертая попытка переноса замороженных эмбрионов (ПЭЭ) оказалась недостаточной (попытка считается недостаточной, если замороженные эмбрионы после разморозки в день запланированного переноса имеют плохое качество для выполнения попытки ПЭЭ, **ИЛИ** если качество эндометрия Суррогатной Матери не является оптимальным для попытки ПЭЭ, **ИЛИ** если первый тест на определение беременности после попытки ПЭЭ является отрицательным, **ИЛИ** если выполненная попытка ПЭЭ заканчивается выкидышем или мертворождением) и если Заказчик решает не прекращать полностью Программу после четвертой недостаточной попытки, Заказчик обязан дополнительно оплачивать каждую последующую попытку — **2 500 евро** за попытку с использованием оставшихся замороженных эмбрионов, **ИЛИ 6 500 евро,** если замороженных эмбрионов нет в наличии и необходима новая стимуляция Суррогатной Матери и новая попытка ЭКО. Данное справедливо для всех последующих попыток.

4.3. В случае рождения двойни Заказчик выплачивает Исполнителю дополнительно **5 000 евро** в трёхдневный срок после родов. В случае рождения тройни Заказчик выплачивает Исполнителю дополнительно **10 000 евро** в трёхдневный срок после родов.

4.4. Если Заказчик полностью прекращает Программу, то Заказчик выплачивает следующие суммы, которые вычитаются из уже произведенных им платежей: **10 000 евро** в качестве компенсации организационных расходов + **10 000 евро** в качестве компенсации за юридические услуги + **6 500 евро** за каждую попытку ЭКО + **2 500 евро** за каждую попытку переноса замороженных эмбрионов + **1 500 евро** за каждый месяц, прошедший с момента подписания настоящего Договора.

4.5. Если Заказчик полностью прекращает Программу после начала стимуляции выбранной Суррогатной Матери и до выполнения попытки ПЭЭ, то Заказчик обязан компенсировать все медицинские расходы, а также выплатить Исполнителю компенсацию Суррогатной Матери в размере **5 000 евро.**

4.6. Программу невозможно прекратить после начала осуществления меди-

4. Compensation.

4.1. As compensation for the services contemplated herein and for performance rendered by the Consultant of their obligations hereunder, the Client shall pay to the Consultant an aggregate amount equal to **EUR 55,000** (the "Consulting Fee"), earned and payable in three instalments. The first instalment equal to **EUR 25,000** will be payable upon signing this Agreement. The second instalment equal to **EUR 15,000** will be payable upon selected Surrogate Mother's pregnancy confirmation. The third instalment equal to **EUR 15,000** will be payable upon delivery of the child (children). The Consulting Fee would cover the payment for the services and expenses listed in the *Exhibit A.*

4.2. If the fourth frozen embryo transfer (FET) attempt fails (an attempt is considered failed if the frozen embryos are of bad quality after their planned defrosting on a day of FET, **OR** if the state of Surrogate Mother's endometrium is not optimal for a FET attempt, **OR** if the first pregnancy test after a FET attempt is negative, **OR** if a completed FET attempt would lead to a miscarriage or stillbirth) and if the Client decides not to cancel the Program definitely after the fourth failed attempt, the Client has to pay extra for every further attempt — **EUR 2,500** for an attempt with remaining frozen embryos, **OR EUR 6,500** if no remaining frozen embryos are left, a new stimulation of the Surrogate Mother and new IVF attempt is required. The same refers to all further attempts.

4.3. In case of twins the Client will pay to the Consultant additionally **EUR 5,000** within three days after the delivery. In case of triplets the Client will pay to the Consultant additionally **EUR 10,000** within three days after the delivery.

4.4. If the Client cancels the Program definitely, the following costs will be debited from the amounts already paid: **EUR 10,000** as Organization Fee + **EUR 10,000** as Legal Fee + **EUR 6,500** for every IVF attempt + **EUR 2,500** for every frozen embryo transfer attempt + **EUR 1,500** for every month elapsed since the signing of this Agreement.

4.5. If the Client cancels the Program definitely after the stimulation of the chosen Surrogate Mother has started and before a FET attempt has been performed, the Client shall compensate for all medical expenses and also pay to the Consultant the Surrogate Mother's compensation equal to **EUR 5,000**.

4.6. The Program cannot be cancelled if the medical part of Program has started

цинской части Программы, или в случае беременности Суррогатной Матери. В случае если Заказчик нарушает условия настоящего Договора и тем не менее прекращает Программу в одностороннем порядке, выплаченные им суммы не возвращаются, и Заказчик обязан выплатить все дополнительные суммы, указанные в Разделе 4 настоящего Договора. В случае одностороннего прекращения Программы Заказчик также обязан выплатить Исполнителю **15 000 евро** в качестве Компенсации за прекращение Программы.

4.7. Единственное обязательство Заказчика состоит в том, чтобы выплатить Исполнителю суммы, предусмотренные в Разделе 4 настоящего Договора. Исполнитель ни при каких условиях не считается и не будет считаться работником, нанятым Заказчиком.

4.8. В случае если Суррогатная Мать забеременеет, но не сможет выносить ребенка (детей), данное рассматривается как недостаточная попытка. Заказчик имеет право на продолжение Программы на тех же условиях с той же Суррогатной Матерью. Заказчик обязан выплатить Исполнителю сумму в размере **1 250 евро** в качестве дополнительной компенсации Суррогатной Матери.

4.9. В случае отказа Суррогатной Матери после родов дать согласие на запись имен Заказчика и супруги (супруга) Заказчика в книгу записи рождений в качестве родителей ребенка (детей), Исполнитель в установленном законом порядке оказывает содействие Заказчику в подаче иска об оспаривании материнства Суррогатной Матери и отцовства супруга Суррогатной Матери и установлении материнства Заказчика и отцовства супруга Заказчика, при этом никаких дополнительных выплат Заказчиком не производится. В случае выноса окончательного судебного решения об отказе признания родительских прав Заказчика и супруги (супруга) Заказчика, по выбору Заказчика возможен один из следующих вариантов:

4.9.1. Денежные средства, выплаченные Заказчиком Исполнителю по настоящему Договору, возвращаются Заказчику в течение 30 рабочих дней с момента получения официального текста вышеуказанного судебного решения, **ИЛИ**

4.9.2. Программа возобновляется с другой кандидатурой Суррогатной Матери по выбору Заказчика, при этом никаких дополнительных выплат за возобновление и продолжение Программы Заказчиком не производится, а отсчёт срока действия Договора при исчислении выплат, предусмотренных настоящим Договором, ведётся с момента утверждения новой кандидатуры Суррогатной Матери Заказчиком. Компенсация прежней Суррогатной Матери не выплачивается, а финансовые взаимоотношения Заказчика и прежней Суррогатной Матери (штрафные санкции, которые могут предъявляться Заказчиком Суррогатной Матери) регулируются в соответствии с подписанным между ними соглашением об оказании услуг Суррогатной Матери и действующим законодательством Российской Федерации.

or if the Surrogate Mother got pregnant. If nevertheless the Client cancels the Program unilaterally in violation of the terms hereof, no refund is made and the Client's obligation to pay additional expenses listed in this section will be valid. In case of unilateral cancellation of the Program the Client shall also pay to the Consultant **EUR 15,000** as Program Cancellation Fee.

4.7. The Client's sole obligation shall be to pay to the Consultant the amounts contemplated in the Section 4 of this Agreement. The Consultant is not and shall not be deemed an employee of the Client for any purpose.

4.8. In case the Surrogate Mother gets pregnant, but fails to carry the child (children), this will be regarded as a failed attempt. The Client is entitled to continue the Program under the same terms with the same Surrogate Mother. The Client shall pay to the Consultant the amount equal to **EUR 1,250** as an additional Surrogate Mother's compensation.

4.9. In case the Surrogate Mother refuses to give her consent for the entry of the Client's and Client's spouse names into the birth register as the parents of the child (children) after the delivery, the Consultant will assist the Client to file a claim disputing the maternity of the Surrogate Mother and paternity of the Surrogate Mother's spouse and establishing filiation of the Client in accordance with the procedure established by law at no surcharge. In case there is the final court judgement to refuse the acknowledgement of the Client's and the Client's spouse parental rights, the Client is entitled to choose one of the following options:

4.9.1. Funds payed by the Client to the Consultant under this Agreement will be reimbursed to the Client within the 30 days from the receipt of the official text of the above mentioned court judgement, **OR**

4.9.2. The Program will be resumed with another Surrogate Mother chosen by the Client, at no surcharge for resumption and continuation of the Client's Program, and the term for payment calculation under this Agreement will be counted starting with the Client's approval of the new Surrogate Mother. The former Surrogate Mother will receive no compensation; financial relations of the Client and the former Surrogate Mother (punitive damages brought by the Client for the Surrogate Mother) will be regulated in accordance with the signed agreement between the Client and the former Surrogate Mother as well as with the effective legislation of the Russian Federation.

4.10. Если в результате медицинских анализов будут выявлены значительные отклонения и аномалии в развитии плода, Заказчик имеет право потребовать прервать беременность (расходы на организацию прерывания беременности несет Заказчик). Решение о прерывании беременности в подобном случае может принято лишь Заказчиком. Указание о прерывании беременности даётся Заказчиком в письменном виде. Значительные отклонения и аномалии в развитии плода и/или прерванная беременность в данном случае будут считаться недостаточной попыткой. Заказчик обязан выплатить Исполнителю сумму в размере **1 250 евро** в качестве дополнительной компенсации Суррогатной Матери. Если Суррогатная Мать отказывается прерывать беременность в данных условиях, Заказчик не несет ни юридической, ни экономической ответственности за ребенка (детей), рожденного (рожденных) Суррогатной Матерью.

4.11. Если по каким-либо медицинским основаниям (связанным с участием Суррогатной Матери в Программе Заказчика) Суррогатная Мать больше не может продолжать участие в Программе, Заказчик имеет право выбрать другую кандидатуру без дополнительных затрат. Если существуют какие-либо иные причины (не связанные с участием Суррогатной Матери в Программе Заказчика) или если Заказчик по собственной инициативе желает выбрать другую кандидатуру Суррогатной Матери, он обязан дополнительно выплатить Исполнителю сумму в размере **5 000 евро.**

4.12. В случае заболевания Суррогатной Матери в результате ее участия в Программе Заказчика, Заказчик НЕ ОБЯЗАН оплачивать все расходы на ее лечение. При наличии медицинских показаний к выполнению кесарева сечения Суррогатной Матери во время родов Заказчик НЕ ОБЯЗАН оплачивать расходы, связанные с кесаревым сечением, и НЕ ОБЯЗАН выплачивать дополнительную компенсацию Суррогатной Матери.

4.13. В случае смерти Суррогатной Матери в результате ее участия в Программе Заказчика, Заказчик обязан выплатить Исполнителю дополнительную компенсацию в размере **10 000 евро.**

4.14. В случае выкидыша или мертворождения ребенка (детей) раньше 250-го дня беременности или смерти ребенка (детей) после родов, но раньше 250-го дня беременности, данное рассматривается как недостаточная попытка.

4.15. Своевременно и при каждой доступной возможности Исполнитель предоставляет Заказчику посредством электронной почты еженедельные отчеты о протекании беременности, состоянии здоровья Суррогатной Матери и ребенка (детей), о любых проблемах, касающихся их здоровья, обо всех анализах, медицинских осмотрах и их результатах, а также обо всех событиях и происшествиях, которые могут отозвать или помешать исполнению прав Заказчика, предусмотренных настоящим Договором.

4.10. In case of serious malformations and abnormalities in the development of the foetus proven by corresponding medical documentation, the Client has the right to apply for pregnancy interruption (to be arranged at the Client's expenses). The decision to interrupt the pregnancy can be taken solely by the Client. The application for pregnancy interruption shall be provided by the Client in writing. Serious malformations and abnormalities of foetus and/or interrupted pregnancy in such a case will be considered as a failed attempt. The Client shall pay to the Consultant the amount equal to **EUR 1,250** as an additional Surrogate Mother's compensation. If the Surrogate Mother refuses to interrupt the pregnancy in such a case, the Client shall not be neither legally nor financially responsible for the child (children) born to the Surrogate Mother.

4.11. If there is any medical reason (caused by the Surrogate Mother's participation in the Client's Program) not permitting the Surrogate Mother to continue her participation in the Program, the Client is entitled to choose another Surrogate Mother at no surcharge. If there is any other reason (not caused by the Surrogate Mother's participation in the Client's Program) or if it is the Client's wish to choose another Surrogate Mother, the Client shall pay to the Consultant additionally the amount equal to **EUR 5,000.**

4.12. In case of Surrogate Mother's illness due to her/their participation in the Client's Program, the Client SHALL NOT compensate any costs related to her recovery. If there are medical indications for a Caesarean section during the delivery, the Client SHALL NOT compensate any expenses related to the Caesarean section and SHALL NOT pay any additional Surrogate Mother's compensation.

4.13. In case of the Surrogate Mother's death due to her participation in the Client's Program, the Client will have to pay to the Consultant an additional compensation equal to **EUR 10,000**.

4.14. In the event of miscarriage or stillbirth of the child (children) before the 250th day of the pregnancy or death of the child (children) after the birth but before the day 250th, it will be considered as a failed attempt.

4.15. To the best of their ability, the Consultant shall provide timely and accurate reports by e-mail on a weekly basis to the Client with respect to the pregnancy, conditions of the Surrogate Mother and the child (children) and any difficulties affecting either of each, all tests, examinations and their associated results as well all matters and events which may arise preventing or depriving the Client to exercise any of his rights under this Agreement.

5. Возмещение дополнительных расходов.

Дополнительными расходами считаются расходы со стороны Исполнителя в период исполнения его обязательств по Договору, которые не перечислены в *приложении «А»* настоящего Договора. Заказчик выплачивает и возмещает Исполнителю все дополнительные расходы, возникшие в период исполнения его обязательств, при условии, что такие расходы заранее были утверждены Заказчиком. Заказчик может отказаться в одностороннем порядке от утверждения таких расходов. Заказчик обязан возместить указанные расходы в течение семи дней с момента предоставления Исполнителем документации, подтверждающей эти расходы.

Заказчик может отказаться от выплаты или возмещения каких-либо расходов Исполнителя, если такие расходы не были им утверждены в соответствии с положениями настоящего Договора.

6. Порядок расторжения договора. Данный Договор может быть расторгнут:

6.1. По уведомлении Заказчиком Исполнителя о своем решении полностью прекратить Программу. Уведомление должно быть представлено в письменной форме, заверено нотариусом и отправлено Исполнителю экспресс-почтой. Копия уведомления должна быть отправлена Исполнителю по электронной почте.

6.2. После рождения ребенка (детей) и получения свидетельства о рождении с записью Заказчика в качестве матери ребёнка (детей), рождённого (рождённых) в результате реализации Программы Заказчика.

После расторжения настоящего Договора оставшиеся криоконсервированные сперма и эмбрионы (если таковые будут иметься) будут использованы в соответствии с решением Заказчика.

7. Конфиденциальность данных. Исполнитель и Заказчик, а также их служащие, адвокаты, работники банка и бухгалтеры обязуются в течение срока действия или после расторжения или истечения срока действия настоящего Договора (несмотря на способ, мотив, время и причину), то же самое для непосредственной выгоды Заказчика, напрямую или косвенно не разглашать и не доводить до сведения любого неуполномоченного лица конфиденциальные данные или профессиональные тайны, включая (но не ограничиваясь) сведения относительно Договора между Заказчиком и Суррогатной Матерью, имена, адреса или персональные данные Заказчика и Суррогатной Матери и другие сведения, полученные от Заказчика или Заказчиком (исключая лиц, имеющих полномочия на получение этих сведений).

Стороны соглашаются НЕ обнародовать какую-либо информацию в средствах

5. Reimbursement of Additional Expenses.

Additional expenses are any expenses reasonably incurred by the Consultant in furtherance of their duties hereunder that are not listed in the *Exhibit A* of this Agreement. The Client shall pay or reimburse the Consultant for all additional expenses reasonably incurred by them in furtherance of their duties hereunder, provided however, such expenses shall have been authorized by the Client prior to the date on which they are incurred by the Consultant, which authorization may be withheld by the Client in his sole discretion. The Client will make reimbursement for such expenses within seven days of presentation by the Consultant from time to time of appropriate documentation evidencing such expenditures.

The Client shall be under no obligation to pay or reimburse any expense of the Consultant, which has not been authorized by the Client in accordance with the terms of this Agreement.

6. Termination. This Agreement shall be terminated as follows:

6.1. As soon as the Client lets the Consultant know about his desire to cancel the Program definitely. The definite notification must be done in writing, certified by a notary and sent to the Consultant by an express mail service, copy of the same should be sent via e-mail.

6.2. After the delivery of the child (children) and receipt of birth certificate with the entry of the Client as the father of the child (children) born to the Client as a result of the Program.

When this Agreement is terminated, remaining frozen sperm and embryos (if any) will be used in accordance with the Client's expressed decision.

7. Confidential Information. The Consultant, the Client and their employees, attorneys, bankers and accountants shall not, at any time during or following expiration or termination of the engagement hereunder (regardless of the manner, reason, time or cause thereof) directly or indirectly disclose or furnish to any person not entitled to receive, the same for the immediate benefit of the Client, any secrets or confidential information including, without limitation, information as to the Agreement between the Client and the Surrogate Mother, names, addresses or personal data of the Client and the Surrogate Mother, or other terms extended by and to the Client (excluding persons entitled to this information).

The Parties hereto agree NOT to provide any information to the mass media

массовой информации и не разглашать ее другим лицам/организациям, что может повлечь за собой идентификацию личностей любой из Сторон, Суррогатной Матери и ребенка (детей), если все Стороны не дают на то своего письменного согласия до рождения ребенка (детей). Исполнитель и Заказчик обязуются хранить в тайне, не использовать и не разглашать, если на это не дается согласие в рамках настоящего Договора:

7.1. конфиденциальные сведения о другой Стороне и

7.2. условия настоящего Договора, кроме случаев согласия или договоренности с другой стороной, или если это требуется согласно действующим законам или административным или судебным процедурам, и только при заблаговременном обоснованном уведомлении другой Стороны о необходимости такого разглашения. Исполнитель обязуется предпринять все возможные меры предосторожности для соблюдения конфиденциальности всех данных.

8. Особые условия. Исполнитель обязуется:

8.1. качественно и сознательно выполнять свои обязательства по настоящему Договору;

8.2. не осуществлять деятельность, которая противоречит благосостоянию и интересам Заказчика;

8.3. еженедельно информировать Заказчика о протекании беременности посредством передачи информации о проведённых к этому моменту медицинских анализов и осмотров, результатах ультразвукового обследования, проведенного с помощью специального оборудования для ультразвукового исследования развития плода (7 обследований, выполненных на 6-7 неделе, 8-9 неделе, 12-13 неделе, 20-21 неделе, 24 неделе, 32 неделе и 36 неделе беременности);

8.4. консультировать Заказчика вплоть до его выезда с территории Российской Федерации с ребёнком (детьми), рождённым(и) в результате реализации Программы Заказчика, по всем юридическим вопросам, которые могут возникнуть у Заказчика.

9. Целостность договора. Настоящий Договор составлен на основе окончательного соглашения между Заказчиком и Исполнителем и заменяет все предыдущие соглашения между Заказчиком и Исполнителем, будь то устные или письменные, относительно предмета настоящего Договора. Настоящий Договор включает в себя все соглашения, обязательства, заявления и гарантии, ранее выраженные или предполагаемые, письменные или устные. Относительно предмета настоящего Договора между Сторонами не существует других договоров. Все предыдущие переговоры, обсуждения, возможные и вероятные соглашения и заявления, касающиеся вышеупомянутого предмета, теряют силу или включены в настоящий Договор.

or any other individual/organization that would lead to disclosure of the identity of any Party, the Surrogate Mother or the Egg Donor, unless all Parties have consented to each other in writing to such disclosure, prior to the birth of the child (children). The Consultant and the Client shall hold in confidence and not use or disclose, except as permitted by this Agreement:

7.1. confidential information on the other Party and

7.2. the terms of this Agreement, except upon consent of the other Party or pursuant to, or as may be required by law, or in connection with regulatory or administrative proceedings and only then with reasonable advance notice of such disclosure to the other Party. The Consultant shall take all reasonable precautions to protect the secrecy of all data.

8. Covenants. The Consultant agrees to

8.1. faithfully and diligently do and perform the acts and duties required in connection with their engagement hereunder, and

8.2. not engage in any activity which is or is likely to be contrary to the welfare and interest of the Client.

8.3. inform the Client about the evolution of the pregnancy on a weekly basis by the transmission of all medical tests and observations and the results of ultrasound screening made by a professional foetal ultrasound scanner (7 scans : 6-7th week, 8-9th week, 12-13th week, 20-21st week, 24th week, 32nd week, 36th week of pregnancy).

8.4. provide consultations to the Client on all legal issues which may arise with the Client till their departure from the territory of the Russian Federation with the child (children) born to the Client as a result of the Program.

9. Entire Agreement. This Agreement sets forth the entire agreement between the Client and the Consultant and supersedes any and all prior agreements between the Client and the Consultant on subject hereunder, either oral or written. All agreements, covenants, representations, and warrantees, expressed or implied, oral or written, are contained herein. Either party has made no other agreements to the other regarding the subject matter of this Agreement. All prior conversations, negotiations, possible and alleged agreements and representations with respect to the subject matter herein are waived or merged herein.

10. Разъяснение. Стороны, принимая во внимание то, что положения настоящего Договора верны, понятны и выполнимы во всех отношениях, соглашаются: если какое-либо положение настоящего Договора суд признает недействительным или невыполнимым в любой юрисдикции, это не влечет за собой недействительность всего Договора, а только положений, которые признаны недействительными, а также не влечет за собой недействительность вышеуказанных положений, выполнимых в другой юрисдикции. Если какое-либо положение настоящего Договора признается недействительным или невыполнимым, оно считается отделимым от оставшейся части настоящего Договора. Если какое-либо положение признано недействительным в силу своего объема, оно считается действительным в рамках объема, допустимого по закону.

11. Уведомление. Вся коммуникация, предусмотренная настоящим Договором или осуществляемая по желанию одной из сторон, должна происходить в письменном виде и отправляться с уведомлением посредством сертифицированных и зарегистрированных почтовых служб или по электронной почте или факсу или вручаться адресатам лично по следующим адресам:

11.1. Исполнитель:

Общество с ограниченной ответственностью «СБ-Консалтинг» (ООО СБК)
Российская Федерация,
236010 г. Калининград,
проспект Мира, 136
Мотаеву Вячеславу Викторовичу
E-mail: **office@surrogatebaby.com**

11.2. Заказчик:

_____
_____
_____
_____
Мобильный телефон: _____
E-mail: _____

Любая из Сторон в любое время имеет право сменить адрес, письменно уведомив об этом другую Сторону.

10. Clarification. While the Parties hereto believe that the terms hereof are fair, reasonable and enforceable in all respects, it is agreed that any provision of this Agreement which is held to be prohibited or unenforceable in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof and any such prohibition or unenforceability in any jurisdiction shall not invalidate or render unenforceable such provision in any other jurisdiction. In the event that any of provisions of this Agreement are deemed invalid or unenforceable, the same shall be deemed severable from the remainder of this Agreement, and shall not cause the invalidity or unenforceability of the remainder of this Agreement. If provisions are deemed invalid because of the scope of breadth, then such provisions shall be deemed valid to the extent of the scope or breadth permitted by law.

11. Notices. All notices required to be given under the terms of this Agreement or which any of the parties desires to give hereunder shall be in writing and personally delivered or sent by registered or certified mail, return receipt requested, or sent by e-mail or facsimile transmission, addressed as follows:

11.1. To the Consultant. If to the Consultant addressed to:

SB Consulting Limited Liability Company (SBC LLC)
136 Mira Ave,
236010 Kaliningrad,
Russian Federation
Attn: Viatcheslav Motayev
E-mail: **office@surrogatebaby.com**

11.2. To the Client. If to the Client addressed to:

_____
_____
_____
_____
Mobile phone: _____
E-mail: _____

Any Party may designate a change of address at any time by giving written notice thereof to the other Parties.

11.3. В случае своей смерти Заказчик определяет свою волю в отношении осуществления опеки _____ (проживающим по адресу _____) над ребенком (детьми), рожденным(и) Суррогатной Матерью. В случае одновременной смерти Заказчика и _____ или смерти _____, последующей за смертью Заказчика, Заказчик определяет свою волю в отношении осуществления своими родителями _____ (проживающими по адресу _____) опеки над ребенком (детьми), рожденным(и) Суррогатной Матерью.

12. Непредвиденные обстоятельства. Стороны (как Заказчик, так и Исполнитель) не несут ответственности за несвоевременное исполнение или неисполнение настоящего Договора, если они приложили все возможные усилия для его исполнения, или за ущерб, нанесенный неисполнением в случае непредвиденных обстоятельств.

13. Прочее. Настоящий Договор

13.1. является обязательным и его действие распространяется для всех Сторон, их законных наследников и правопреемников;

13.2. исключает право передачи (за исключением положений в Разделе 9) без предварительного согласия другой Стороны в письменном виде (любая правопередача, нарушающая настоящее положение, считается недействительной);

13.3. может быть составлен в неограниченном количестве экземпляров любой из Сторон по отдельности. Копии считаются оригинальными, но вместе составляют единый документ. Любая из сторон не обязана предоставлять более чем одну копию настоящего Договора, сделанную и врученную любой из Сторон, в подтверждение наличия настоящего Договора;

13.4. может быть исправлен, изменен и дополнен только в письменной форме и должен быть подписан всеми Сторонами;

13.5. соответствует законодательству Российской Федерации, несмотря на возможные разногласия с законодательством зарубежных государств. Стороны соглашаются, что все споры по настоящему Договору будут решаться в судебном порядке на территории Российской Федерации с оплатой расходов на юридические услуги Заказчиком. Исполнитель обязуется действовать в соответствии со всеми законами, правилами, нормами и требованиями любых инстанций, которые релевантны для исполнения настоящего Договора без учета мнения Заказчика.

13.6. Исполнитель не несет ответственности за взаимоотношения Заказчика с иностранными консульствами/посольствами и/или иностранными органами власти касательно Программы Заказчика, а также за получение документов зарубежных государств на ребенка (детей), рожденного (рожденных) вследствие

11.3. In case of the Client's death, the Client's expressed wish is that _____ (residing at _____) would take care of the child or the children carried by the Surrogate Mother. In case of simultaneous death of the Client and _____ or subsequent death of _____ after the Client's death, the Client's expressed wish is that his parents _____ (residing at _____) would take care of the child or the children carried by the Surrogate.

12. Force Majeure. No Party hereto (neither the Client nor the Consultant) shall be in breach of this Agreement or be held liable for any damage due to any failure of performance that arises out of causes beyond either party's control after exercising their reasonable efforts to perform.

13. Miscellaneous. This Agreement:

13.1. shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns;

13.2. may not (except as provided in Section 9 hereof) be assigned by either party hereto without the prior written consent of the other Party (any purported assignment hereof in violation of this provision being null and void);

13.3. may be executed in any number of counterparts, and by any Party on separate counterparts, each of which as so executed and delivered shall be deemed an original but all of which together shall constitute one and the same instrument. It shall not be necessary in making proof of this Agreement as to any Party hereto to produce or account for more than one such counterpart executed and delivered by such Party;

13.4. may be amended, modified or supplemented only by a written instrument executed by all of the Parties hereto;

13.5. shall be governed by and enforced in accordance with the laws of the Russian Federation without regard to the conflict of laws principles thereof. The parties agree that venue for any action to recover under this contract shall be in the Russian Federation with attorney's fees recoverable. The Consultant will comply with all laws, rules, regulations and requirements of any governmental body, which may be applicable to the operations of the Consultant contemplated hereby, notwithstanding the fact that the Client may have approved such conduct.

13.6. Dealing with any foreign consulates and/or any foreign authorities as for the Client's Program and/or receipt of any foreign documentation for the Client's child (children) conceived in consequence of the Client's Program and/or assisting or advising the Client on the above mentioned issues is out of the Consultant's competence and

Программы Заказчика. Ответственность по данным взаимоотношениям несет исключительно Заказчик.

14. Платежные документы.
Все платежи должны поступать на банковский счет Исполнителя.

Банк Исполнителя:
ЗАО ИКБ «Европейский»
236010 Россия, г. Калининград, ул. Кутузова, 39

SWIFT: EVIC RU 2K

Номер счета Исполнителя: 40702978600700073628

Получатель: Общество с ограниченной ответственностью «СБ-Консалтинг»

Назначение платежа: ОПЛАТА КОНСУЛЬТАЦИОННЫХ УСЛУГ

Все комиссионные сборы за банковские операции **НЕ ВКЛЮЧЕНЫ** и должны оплачиваться Заказчиком дополнительно.
Платежное поручение представляет собой документ, подтверждающий электронный перевод денежных средств Исполнителю.

НА ОСНОВАНИИ ВЫШЕИЗЛОЖЕННОГО Стороны заключили настоящий Договор в дату, указанную выше.

responsibility, being exclusively the Client's area of responsibility.

14. Record of Payment:
All payments shall be made to the Consultant's nominated bank account.

Bank of the Consultant:
Evropeisky ICB (CJSC)
Kutuzova St. 39, 236010 Kaliningrad, Russia

SWIFT: EVIC RU 2K

Account Number of the Consultant: 40702978600700073628

Beneficiary: SB Consulting Limited Liability Company

Purpose of Payment: PAYMENT FOR CONSULTING SERVICES

Any expenses for bank transactions are **NOT INCLUDED** and should be paid by the Client additionaly.
The record of payment shall be a record of wire transfer to the Consultant.

IN WITNESS WHEREOF, the Parties hereto have concluded this Agreement as of the date first above written.

ЗАКАЗЧИК

_____
_____

ИСПОЛНИТЕЛЬ

_____
Мотаев В. В.

CLIENT

_____
_____

CONSULTANT

_____
Viatcheslav Motayev

Приложение «А»

Перечень платежей и услуг, которые подлежат исполнению, организации и координированию от имени Заказчика Исполнителем и входят в стоимость его услуг:

1. поиск кандидатуры Суррогатной Матери;
2. заключение психолога по выбранной кандидатуре Суррогатной Матери;
3. специальная проверка данных выбранной Суррогатной Матери;
4. начальные медицинские анализы Суррогатной Матери, в том числе общее и комплексное обследование гинеколога и УЗИ, определение группы крови и резус-фактора, анализы крови на ВИЧ-инфекцию, сифилис, гепатиты В и С, скрининг на ЗППП: гонорею, хламидиоз, цитомегаловирус, вирус простого герпеса, уреаплазмоз, микоплазмоз, краснуху, цитологическое исследование мазка с шейки матки, мазки из уретры и цервикального канала на вагинальную флору, клинический анализ крови и анализ свертываемости, биохимический анализ крови, анализ мочи, флюорография, осмотр и заключение психиатра, осмотр и заключение терапевта о состоянии здоровья и отсутствии противопоказаний к беременности;
5. медицинский страховой полис для Суррогатной Матери на всё время действия программы гестационного суррогатного материнства;
6. оплата услуг юриста Суррогатной Матери;
7. полное координирование программы гестационного суррогатного материнства на территории Российской Федерации;
8. договор между Заказчиком и Суррогатной Матерью;
9. официальное согласие Суррогатной Матери на участие в программе гестационного суррогатного материнства;
10. юридическая поддержка Заказчика, необходимая для реализации вышеупомянутого договора, а также взаимодействие с Суррогатной Матерью и ее родственниками по юридическим вопросам вплоть до рождения ребенка (в случае возникновения такой необходимости);
11. юридическая помощь в получении российского свидетельства о рождении ребёнка, рождённого вследствие программы суррогатного материнства от имени Заказчика и его перевод, если в таковом есть необходимость;
12. **компенсация Суррогатной Матери** за вынашивание и рождение ребенка;
13. ежемесячное пособие Суррогатной Матери на территории Российской Федерации во время беременности на ее улучшенное питание, расходы на проживание и отпуск без сохранения заработной платы, начиная с момента медицинского подтверждения беременности;

Exhibit A

List of payments and services to be performed, arranged and coordinated by the Consultant on behalf of the Client covered by the Consulting Fee:

1. Finding a Surrogate Mother match.
2. Psychological evaluation of the selected Surrogate Mother.
3. Background check of the selected Surrogate Mother.
4. Initial medical check-up of the selected Surrogate Mother, incl. common and complex gynaecological examination with vaginal ultrasound; blood group and Rh determination; blood tests for HIV, Syphilis, Hepatitis B and C; STD screening for Gonorrhea, Chlamydia spp, Herpes spp, Ureaplasma spp, Mycoplasma spp, Cytomegalovirus, Rubella; cytological examination of cervix swab; urethra and cervical canal vaginal flora swabs; complete blood count and coagulability test; blood chemistry panel; urinalysis; chest x-ray; examination and assessment of psychiatrist; examination of general practitioner and assessment report on health condition and absense of contraindications for pregnancy.
5. The Surrogate Mother's medical insurance for the duration of the gestational surrogacy program.
6. The Surrogate Mother's attorney consult fee.
7. Full coordination of the gestational surrogacy program with the selected Surrogate Mother on the territory of the Russian Federation.
8. Legal agreement between the Client and the Surrogate Mother.
9. Legal consent of the Surrogate Mother for their participation in the gestational surrogacy program.
10. Legal representation of the Client required for the implementation of the above mentioned agreement as well as dealing with the Surrogate Mother and her relatives on legal issues and legal counselling (as needed) till the live birth.
11. Legal help in receipt of a Russian birth certificate for the child born in consequence of the gestational surrogacy program on behalf of the Client and its translation, if needed;
12. The **Surrogate Mother's compensation** for carrying and bearing the child.
13. Monthly allowance of the Surrogate Mother on the territory of the Russian Federation throughout the pregnancy for her improved nutrition, living expenses and work absence, commencing upon medical confirmation of the pregnancy.

14. пособие на одежду для беременных;

15. все связанные медицинские расходы Суррогатной Матери в программе гестационного суррогатного материнства, в том числе **четыре попытки переноса эмбрионов** и все необходимые препараты для стимуляции Суррогатной Матери;

16. все расходы на Суррогатную Мать на территории Российской Федерации, такие как оплата телефонных переговоров, отсутствие на рабочем месте, витамины и медикаменты;

17. все медицинские расходы на стимуляцию и ведение беременности Суррогатной Матери, которые не подлежат возмещению и страхованию на территории России по причине беременности, и роды (путем кесарева сечения).

18. связанные медицинские расходы Заказчика на начальные анализы, в том числе анализы крови на ВИЧ, сифилис, гепатит В и С, определение группы крови и резус-фактора.

19. бесплатный трансфер Заказчика из/в аэропорта Санкт-Петербурга.

20. переводческие услуги для Заказчика во время визитов в клинику и встреч с Суррогатной Матерью.

21. визовая поддержка для российского консульства для получения Заказчиком туристической визы, если в таковой имеется необходимость.

14. Maternity clothes allowance.

15. All associated medical costs of the Surrogate Mother for the gestational surrogacy program, including **four embryo transfer attempts** with all necessary medication for Surrogate Mother's stimulation.

16. All incidental expenses for the Surrogate Mother and Egg Donor on the territory of the Russian Federation, such as telephone toll charges, missed time from work, vitamins and medicine.

17. All unreimbursed and uninsured medical expenses incident to the Egg Donor's stimulation and Surrogate Mother's pregnancy (normal pregnancy without complications) and delivery (using Caesarean section) on the territory of the Russian Federation.

18. Associated medical costs of the Client for their initial screening, incl. blood tests for HIV, Syphilis, Hepatitis B and C; blood group and Rh determination.

19. Free transfer of the Client from/to the airport of St. Petersburg.

20. Interpreter services for the Client during the visits to the clinic and meetings with the Surrogate Mother.

21. Visa support letter for the Russian consulate, if needed, to get a tourist visa for the Client.

ЗАКАЗЧИК

_____

_____

ИСПОЛНИТЕЛЬ

_____

Мотаев В. В.

CLIENT

_____

_____

CONSULTANT

_____

Viatcheslav Motayev

Appendix 9 - Surrogacy advertisements

9.1 Surrogacy advertisement in local newspaper

We invite women who have children,
as egg donors (22-35 years)
as surrogate mothers (22-35 years).
Sperm donors 20-30 years.
Tel. 767-06-XX

9.2 Surrogacy advertisement online

Приглашаем суррогатных мам!

Российская сеть клиник «Центр ЭКО» и компания «Свитчайлд» приглашает женщин в возрасте до 35 лет стать суррогатными мамами для бездетных семей.
Благородная работа суррогатной мамы гарантирует самое высокое в России вознаграждение **до 1 500 000 рублей!**
Пожалуйста, заполните анкету и наш менеджер свяжется с Вами в удобное для вас время.

"We invite surrogate mothers!

The Russian clinic 'IVF Centre' and the company 'Svitchayld' invite women up to the age of 35 to become surrogate mothers for childless families.

The gratifying work of a surrogate mother guarantees you Russia's highest compensation of up to 1 500 000 Rouble.

Please, fill in the questionnaire and our manager will be in touch whenever convenient for you."

We recruit surrogate mothers!!!

Payment up to 1 000 000 Rouble!

A woman between the age of 20-34 can

become a surrogate mother.

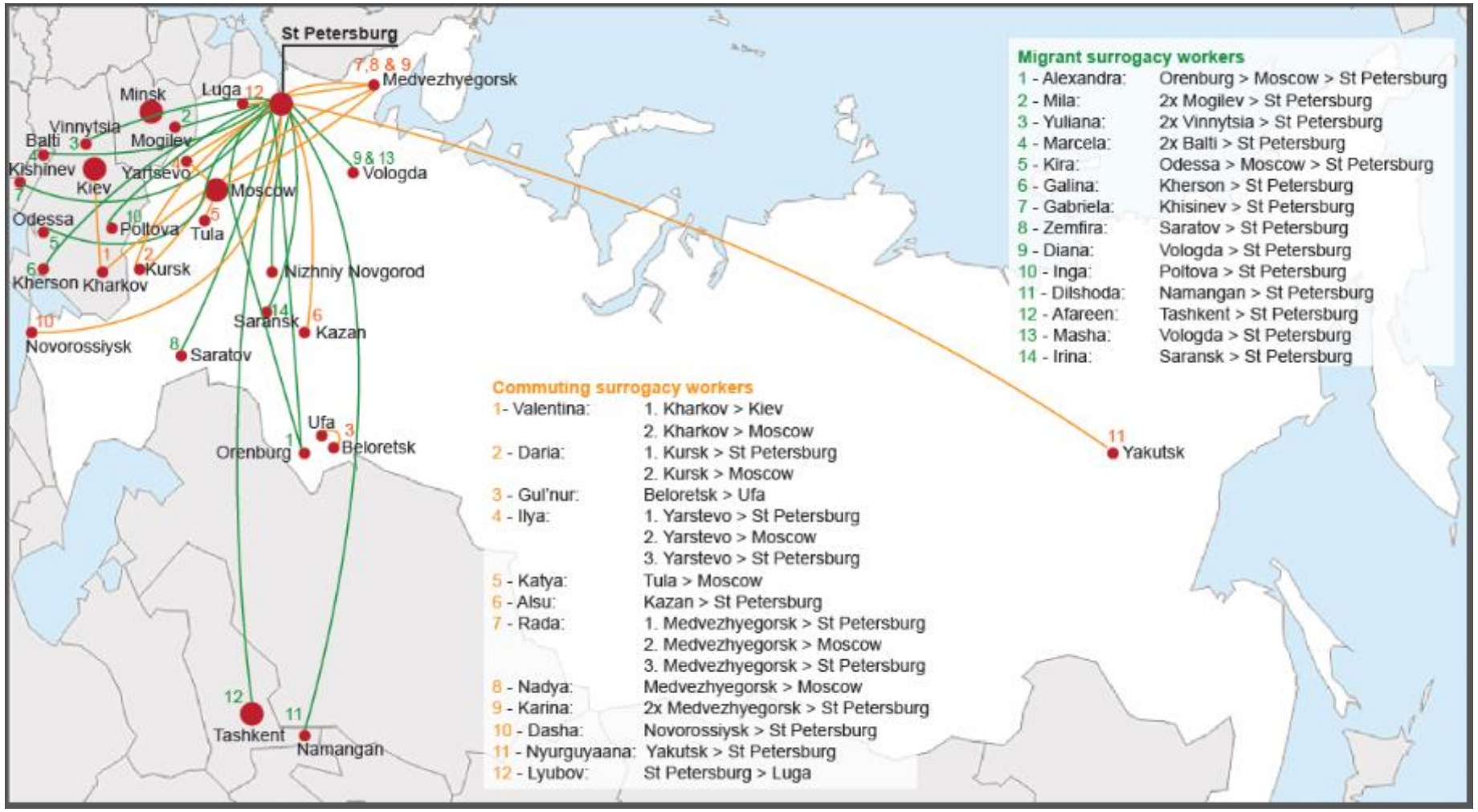
Own child, born natural way, required.

With good physical and mental health.

Regional representative

Victoria (…)

Appendix 10 - Map of origin of commuting and migrant surrogacy workers



Appendix 11 – Train journeys in Russia

Inside a '*platskartniy class'* train compartment in a train serving the Murmansk-Moscow route (~36hours; 1,489 km)

Preparing supper

Petty traders sell local factory produce at factory price and home-cooked meals, cigarettes and beer.

Appendix 12 - Kavgolovo Lake